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| Case Number: | CM15-0186337 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 06/16/2010 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on 6-16-2010. The injured worker is being treated for cervical myelopathy, cervical radiculitis and cervical spine pain. Treatment to date has included diagnostics, medications, injections and home exercises. Per the Orthopedic Clinic Note dated 8-19-2015, the injured worker presented for re-evaluation of his cervical spine. He reported pain in the right pectoral muscle, trapezius and right upper extremity with numbness in the index finger. Grip strength is decreased on the right side and he has noted progressive decrease in dexterity, manipulation handwriting and dropping of objects. Pain is constant with the average pain rated as 6 out of 10 in severity. Magnetic resonance imaging (MRI) of the cervical spine dated 5-19-2015 was read by the evaluating provider as "significant central stenosis noted C4-C7; AP diameter is 7.9mm, 8.4mm, 6.8mm respectively, in addition to significant foraminal stenosis." There are no objective findings of the cervical spine recorded on this date. He is retired. The plan of care included anterior cervical discectomy and fusion (ACDF) at C4-7, and authorization was requested on 8-19-2015 for Cotherra compression device with deep vein thrombosis (DVT) prophylaxis x 30 days for a significant history of deep vein thrombosis (DVT) x3 in the left lower leg, post-operative cervical bone growth stimulator (indefinite use), a soft cervical collar and an Aspen hard cervical collar. On 9-18-2015, Utilization Review modified the request for postoperative Cotherra compression device with deep vein thrombosis (DVT) prophylaxis x 30 days and non-certified the request for post-operative cervical bone growth stimulator (indefinite use).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-operative Cotherra compression device with DVT prophylaxis #30 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter, Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, under venous thrombosis.

Decision rationale: The 52 year old patient complains of axial neck pain, rated at 6/10, along with numbness in the index finger and weakness in the right elbow, as per progress report dated 08/19/15. The request is for Post-operative cotherra compression device with DVT prophylaxis #30 days. The RFA for this case is dated 08/19/15, and the patient's date of injury is 06/16/10. Diagnoses, as per progress report dated 08/19/15, included cervical myelopathy, cervical radiculopathy, and cervical spine pain. The patient had an abnormal EKG and brachycardia, as per progress report dated 08/18/15. The patient is off work and has retired, as per progress report dated 05/18/15. The MTUS and ACOEM Guidelines do not address the request. ODG guidelines, Chapter Knee & Leg under venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants. Studies have addressed the risk for thrombosis following major injury, and minor events, including travel, minor surgery, and minor trauma, are linked to a 3-fold increased risk for venous thrombosis. Venothromboembolism (VTE) is an important condition in hospitalized patients accounting for significant morbidity and mortality. Those at high risk should be considered for anti-coagulation therapy during the post-hospitalization period. (Yale, 2005) Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery, according to a new study examining a potential role for aspirin in these patients. Patients who received aspirin had a lower VTE risk score than the patients who received warfarin. Patients who received aspirin had a much lower use of sequential compression devices than high-risk patients, but even aspirin patients should receive sequential compression as needed." In this case, the patient complains of chronic neck pain. As per progress report dated 08/19/15, the patient is slated to undergo C4-C7 ACDF. The treater states the patient has a "significant history of deep vein thrombosis x 3 in the left lower leg". The patient has recently stopped Coumadin, and the treater is requesting for a compression device to lower the risk of thrombosis. ODG guidelines recognize DVT as a risk factor in orthopedic surgery and hospitalization. Given the history of DVT and the impending surgery, the request appears reasonable and is medically necessary.

Post operative cervical bone growth stimulator (indefinite use): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone growth stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - acute & chronic chapter, under Bone Growth stimulator, Lower back - Thoracic & Lumbar (acute & chronic) chapter, under Bone Growth Stimulator.

Decision rationale: The 52 year old patient complains of axial neck pain, rated at 6/10, along with numbness in the index finger and weakness in the right elbow, as per progress report dated 08/19/15. The request is for Post operative cervical bone growth stimulator (indefinite use). The RFA for this case is dated 08/19/15, and the patient's date of injury is 06/16/10. Diagnoses, as per progress report dated 08/19/15, included cervical myelopathy, cervical radiculopathy, and cervical spine pain. The patient had an abnormal EKG and brachycardia, as per progress report dated 08/18/15. The patient is off work and has retired, as per progress report dated 05/18/15. ODG guidelines, chapter 'Neck - acute & chronic' and topic 'Bone Growth stimulator', states that they are "Under Study." ODG guidelines, chapter 'Lower back - Thoracic & Lumbar (acute & chronic)' and topic 'Bone Growth Stimulator', states the following: Under study. There is conflicting evidence, so case by case recommendations are necessary. Criteria for use include: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. In this case, the patient complains of chronic neck pain. As per progress report dated 08/19/15, the patient is slated to undergo C4-C7 ACDF. In the report, the treater states the patient will "need a bone growth stimulator to assist with cervical fusion." ODG supports the use of bone growth stimulator adjunct to spinal fusion surgery in patients undergoing multilevel fusion. Hence, the request for bone growth stimulator appears reasonable and is medically necessary.