

Case Number:	CM15-0197210		
Date Assigned:	10/13/2015	Date of Injury:	05/13/2014
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

This injured worker is a 40-year-old female who sustained an industrial injury on 5/13/14. The mechanism of injury was not documented. Past medical history was positive for hypothyroidism and depression. The 9/17/14 cervical spine MRI documented a 4x10x14 mm broad-based central disc protrusion/extrusion at C5/6 with severe canal stenosis and cord compression, and a 6-7 mm left paracentral disc protrusion/extrusion at C6/7 causing severe left lateral recess stenosis. The 9/30/14 electrodiagnostic study impression documented evidence of right chronic C7 radiculopathy and moderate bilateral carpal tunnel syndrome. The 3/30/15 treating physician report cited constant grade 9/10 neck pain radiating into the upper extremities, associated headaches, tension between the shoulder blades, and constant grade 8/10 right shoulder pain. Neck pain was reported worsening. Physical exam documented cervical paravertebral muscle tenderness and spasm, positive axial loading compression test, positive Spurling's maneuver, and restricted and painful cervical range of motion. There was tingling and numbness in a C5 and C6 dermatomal distribution, decreased C5 and C6 myotomal strength, and asymmetrical biceps reflexes. Surgical intervention was recommended. The 4/10/15 operative report indicated that the injured worker underwent a C5-C7/T1 anterior cervical discectomy and fusion with reduction of listhesis and realignment of the junctional kyphotic deformity back to lordosis, nerve root decompression, and allograft/autograft. Hospital chart notes indicated that the injured worker was transferred from the ICU to a medical-surgical unit on 4/12/15 with current medications to include IV Dilaudid. The use of a Hemovac drain was documented. The 4/13/15 hospital discharge summary report indicated that the injured worker had an uneventful post-

operative course. She was kept on PCA for pain control. Her vital signs, cardiac status, pulmonary status, and neurological status were closely monitored and appeared to be stable. She was able to ambulate with physical therapy with gradual progression. She was discharged to home. Retrospective authorization was requested for C5-C7 anterior cervical discectomy and right fusion with possible reduction of listhesis, cervical collar, bone growth stimulator, medical clearance with an internist, a Minerva mini collar, a Miami J collar with thoracic extension, and a 3 day inpatient stay. The 9/30/15 utilization review certified the requests for C5-C7 anterior cervical discectomy and right fusion with possible reduction of listhesis, cervical collar, bone growth stimulator, and medical clearance with an internist. The requests for a Minerva mini collar and a Miami J collar with thoracic extension were non-certified as there was limited guideline support for the post-operative use of a cervical collar and no rationale to support the medical necessity of additional collars beyond that already certified. The request for a 2 to 3 day inpatient stay was modified to a 2 day inpatient stay consistent with the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Minerva mini collar #1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. The 9/30/15 utilization review certified an associated request for a cervical collar. There is no rationale presented to support the medical necessity of an additional cervical collar for this injured worker. Therefore, this request is not medically necessary.

Associated surgical service: Miami J collar with thoracic extension #1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate

where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. The 9/30/15 utilization review certified an associated request for a cervical collar. There is no rationale presented to support the medical necessity of an additional cervical collar for this injured worker. Therefore, this request is not medically necessary.

Associated surgical service: Inpatient stay x 2-3 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines generally recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For retrospective cases, guidelines stated that the mean length of stay may be a better choice. The recommended median length of stay and best practice target length of stay for anterior cervical discectomy and fusion is 1 day. The mean length of stay is 2.2 days. Guideline criteria have been met. This injured worker was admitted to the ICU for the first 2 days following multilevel anterior cervical discectomy and fusion with reduction of listhesis and realignment of the junctional kyphotic deformity. A Hemovac drain was placed at the time of surgery. The medical necessity of close monitoring, including vital signs for plausible persistent bleeding, was required for this patient throughout this admission including following removal of the drain. Additionally, the need for IV pain management was noted through the first 2 days. Given these indications, the retrospective request for a 3-day length of stay is medically reasonable and appropriate. Therefore, this request is medically necessary.