

Case Number:	CM15-0020117		
Date Assigned:	02/12/2015	Date of Injury:	11/13/1998
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker (IW) is a 60-year-old female who sustained an industrial injury on 11/13/98. Past medical history was positive for insulin dependent diabetes mellitus, hypercholesterolemia, hypertension, and body mass index of 39. The 9/24/14 bilateral upper extremity EMG/NCV documented a normal exam. The 11/7/14 cervical MRI documented a C5/6 disc osteophyte complex with joint hypertrophy causing severe left foraminal narrowing with moderate canal stenosis. At C6/7, there was a disc osteophyte complex with joint hypertrophy causing moderate to severe foraminal narrowing and moderate central canal stenosis with mass effect on the spinal cord. The 1/5/15 treating physician report cited constant neck pain radiating to the left upper extremity to the fingers. Current medications included Norco and Zanaflex. Physical exam documented motor weakness in left shoulder abduction, elbow flexion and extension, wrist extension, and finger abduction. Sensation was intact. The patient had failed conservative treatment. Treatment plans included an anterior cervical discectomy with interbody fusion at the C5-C6 and C6-C7 levels with cage and instrumentation. Surgery-related requests included purchase of a hard and soft cervical collar, a bone growth stimulator due to multilevel fusion, post-operative physical therapy to the cervical, pre-operative medical clearance, a chest x-ray, and pharmacy purchase of Norco 10/325mg #30. Also requested was a left upper extremity EMG/NCV. The treating physician report indicated that she had pain into the left small finger in a C8 distribution. He opined the medical necessity of a repeat EMG/NCV to rule out a second problem not identified on the MRI. An outpatient random urine toxicology screen was recommended to verify medication compliance. On 1/20/15, utilization review certified the

request for C5/6 and C6/7 anterior cervical discectomy and interbody fusion with cage and instrumentation. A request for a chest x-ray was non-certified, noting that no rationale for this was provided. A request for a bone growth stimulator was non-certified, noting there was no documented evidence of a condition that would increase the chance of fusion failure. A request for left upper extremity EMG/NCV was non-certified, noting there was no reason to repeat an EMG/NCV if the M.D. had deemed surgery necessary. A request for outpatient random urine toxicology screening was non-certified, noting that no rationale for this test was provided. The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: bone growth stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Bone growth stimulators (BGS)

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. Guideline criteria have been met on the basis of a two-level fusion and diabetes mellitus. Therefore, this request is medically necessary.

outpatient random urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Pain (Chronic), Urine drug testing (UDT)

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for patients considered at low risk for adverse events or drug misuse. Those patients at intermediate risk are recommended to have random testing 3 to 4 times a year. Patients at high risk for

adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria have not been met. There is no evidence that the patient has issues of abuse, addiction or poor pain control. Opioid medications are limited to Norco, prescribed at 4 per day. There is no compelling reason presented to support the medical necessity of random urine toxicology screening prior to surgery. There is no documentation as to the last screening and results. Therefore, this request is not medically necessary.

EMG and NCV of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

Decision rationale: The California MTUS indicate that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both. EMG is not recommended for diagnosis of nerve root involvement if findings or history, physical exam, and imaging study are consistent. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation pre-operatively or before epidural injection. Guideline criteria have been met. This patient presents with focal neurologic symptoms not fully explained by the cervical MRI. The treating physician has requested updated electrodiagnostic testing prior to surgery. Therefore, this request is medically necessary.

Chest x-ray: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Middle aged females have known occult increased risk factors for cardiopulmonary disease that support the medical necessity of pre-procedure chest x-ray. Therefore, this request is medically necessary.