MAXIMUS Federal Services

Case Number:	CM15-0211726		
Date Assigned:	11/02/2015	Date of Injury:	02/09/2013
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 57-year-old man sustained an industrial injury on 2-9-2013. Evaluations include cervical spine x-rays dated 4-10-2013, left shoulder x-rays dated 4-10-2013, lumbar spine x-rays dated 4-10-2013, cervical spine MRI dated 5-14-2013, left shoulder MR arthrogram dated 5-14-2013, lumbar spine x-rays dated 11-25-2013, and lumbar spine MRI dated 2-6-2014. Diagnoses include chronic intractable pain syndrome, C3-C7 spondylosis with bilateral neural foraminal stenosis with disc degeneration, L3-L4 disc degeneration, right elbow olecranon bursitis (resolved) with overuse syndrome and contusion; status post left rotator cuff repair, and full thickness tear of the supraspinatus of the left shoulder. Treatment has included oral medications, left shoulder surgery, epidural steroid injections, acupuncture, and physical therapy. Physician notes dated 10-2-2015 show complaints of neck and mid-scapular pain, left shoulder pain, and occasional low back pain. The worker rates his pain 10 out of 10 without medications and 6 out of 10 with medications. The physical examination shows decreased sensation over the left C6 and bilateral C8 dermatome. Cervical spine range of motion is noted to be flexion 40 out of 50 degrees, extension 28 out of 60 degrees, left lateral bend 32 out of 45 degrees, right lateral bend 30 out of 45 degrees, left rotation 41 out of 80 degrees, and right rotation 43 out of 80 degrees. The left brachioradialis reflex is 1+ where the rest of the reflexes of the bilateral upper extremities are 1+ and symmetric. Palpable tightness is noted over the left acromioclavicular joint. Shoulder range of motion is noted to be flexion 130 right and 110 left out of 180 degrees, abduction 118 right and 120 left out of 180 degrees, internal rotation 90 out of 90 degrees bilaterally, and external rotation 62 right and 40 left out of 90 degrees. There was a positive impingement sign bilaterally

and appositive crossed arm sign on the left. Decreased sensation is noted tot eh L5 and S1 dermatomes with decreased range of motion noted in the lumbar spine as well. Recommendations include cervical anterior cervical discectomy and fusion with cage and instrumentation, hard and soft collars, bone growth stimulator, pneumatic intermittent compression device, post-operative physiotherapy, pre-operative medical clearance, chest x-ray, acromioclavicular joint block, Norco, Ibuprofen, and follow up in four to six weeks. Utilization Review denied requests for hard and soft collars, bone growth stimulator, pneumatic intermittent compression device, pre-operative chest x-ray, Norco, and Ibuprofen and modified requests for post-operative physiotherapy and inpatient facility on 10-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physiotherapy (18-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: Per the CA MTUS Postsurgical Guidelines, Neck and Upper Back, postsurgical treatment fusion, page 26, 24 visits over 16 weeks are recommended. Initially of the 24 visits are authorized. In this case, the request of 18 exceeds the 12 visits initially recommended. Therefore, the request is not medically necessary.

Associated Surgical Service; Hard Cervical Collar (indefinite): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th edition, 2013, Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, cervical collars, postoperative.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post-operative (fusion), is not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all-time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the

proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the non-braced group over all time intervals, but those were not statistically significant. As the guidelines do not support bracing postoperatively, the request is not medically necessary.

Associated Surgical Service: Soft Cervical Collar (indefinite): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th edition, 2013, Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, cervical collars, postoperative.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post-operative (fusion) is not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all-time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the non-braced group over all time intervals, but those were not statistically significant. As the guidelines do not support bracing postoperatively, the request is not medically necessary.

Associated Surgical Service: Cervical Ortho-fix Bone Growth Stimulator (unspecified time frame): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th edition, 2013, Neck & Upper Back Chapter.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the cervical spine. According to the ODG Neck and Upper Back, Bone growth stimulator, it is under study. An alternative Guideline, the low back chapter was utilized. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at two level and there is no high risk factors

demonstrated in the records submitted. In addition, the request is for an unspecified amount of time. Therefore, the request is not medically necessary.

Associated Surgical Service: Pneumatic intermittent compression device (unspecified time frame): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th edition, 2013, Neck & Upper Back Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of venous duplex. According to the ODG, knee and leg section, venous thrombosis is recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In this case, the exam notes from 10/2/15 do not justify objective evidence to support a pneumatic intermittent compression device. Therefore, the request is not medically necessary.

Pre-op Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th edition, 2013, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a healthy 57 year old without comorbidities or physical examination findings concerning for preoperative CXR prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 10/2/15. Therefore, the request is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. There is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis from 10/2/15 to warrant usage. Therefore, the request is not medically necessary.

Associated Surgical Service: Inpatient Facility (2-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 18th edition, 2013, Neck & Upper Back Chapter.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1-day inpatient stay is recommended following an anterior cervical fusion. As a request is for 2-3 days, the request is not medically necessary.