

Case Number:	CM15-0213365		
Date Assigned:	11/04/2015	Date of Injury:	12/11/2013
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/29/2015

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 injured worker is a 51 year old female who reported an industrial injury on 12-11-2013. Her diagnoses, and or impressions, were noted to include: possible right rotator cuff impingement syndrome; right shoulder supra-spinatus tendinopathy with limited tear; and status-post right shoulder arthroscopic decompression (6-3-15); cervical spondylitic radiculopathy with concordant arm pain; discogenic neck and facetogenic pain; and chronic pain syndrome. X-rays of the right shoulder were said to have been done on 2-19-2014; with magnetic imaging studies of the right shoulder being done on 4-17-2014, and of the cervical spine on 9-20-2015, noting abnormal findings. Electrodiagnostic studies of the upper extremities were done on 8-20-2015, noting cervical 6 radiculopathy. Her treatments were noted to include: an agreed medical examination on 5-19-2015; right shoulder arthroscopic surgery & interscalene brachial plexus block to shoulder (6-3-15); physical therapy; epidural injections; medication management with toxicology screening (2-3-15); and rest from work. The progress notes of 10-13-2015 reported: worsening neck and radiating right, > left, arm pain; pain in the cervical 6-7 distribution and worse in the right upper extremity, with tingling in her fingers, and a decline in coordination and balance, with worsening of handwriting. The objective findings were noted to include: obesity; radiating, burning dysesthesias in the right upper extremity, worse than the left, in a fairly classic cervical 6-7 distribution; positive right Spurling's with mild decreased right shoulder range-of-motion; weakness of the right triceps, biceps and wrist flexors; and that she had reached surgical threshold with recommendation for cervical 5-6 & 6-7 anterior cervical discectomy with fusion and plate, PEEK, auto graft and possible allograft surgery, and that she will require pre-

operative laboratories. The physician's requests for treatment were noted to include cervical spine surgery with pre-operative laboratories and studies. The Request for Authorization, dated 10-16-2015, was noted to include: a 2-3 day inpatient hospital stay; a nare culture for MRSA; an INR (lab); and a "DME". The Utilization Review of 10-21-2015 non-certified the requests for: a 3 day, post-surgical, hospital stay; soft collar (DME); a nare culture for MRSA, and pre-operative laboratory-INR.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, ODG hospital length of stay (LOS) guidelines: Cervical Fusion, Anterior.

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 3 days the determination is for non-certification as it is not medically necessary and appropriate.

Soft collar: Upheld

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

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, postoperative collar.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post operative (fusion), "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 determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Nare culture for MRSA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 51 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non- certification. Therefore, the requested treatment is not medically necessary.

Pre-operative labs: INR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 51 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non- certification. Therefore, the requested treatment is not medically necessary.