

Case Number:	CM15-0039939		
Date Assigned:	03/10/2015	Date of Injury:	09/14/2012
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York
 Certification(s)/Specialty: Neurological 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 is a 52 year old female patient, who sustained an industrial injury on 09/14/2012. On 03/03/2015, the injured worker submitted an application for independent medical review of requested services. A primary treating office visit dated 02/09/2015, reported subjective complaint of back and leg pain with some improvement. She is using Norco and Flexeril once daily. The patient continues to complain of severe cervical pain associated with suboccipital headaches. She states that her pain radiates into her lateral aspect of her arms with repetitive motion exacerbating her symptoms. These include sitting, standing and driving because of her symptom. Prior treatment includes participating in physical therapy last year with no improvement, wearing a cervical brace, and trigger point injections with some temporary relief. Physical examination found cervical spine with moderate tenderness in the cervical region. Her cervical range of motion is decreased by 50 % and Spurling's test is found positive bilaterally. The lumbar spine showed a well-healed incision in low back region. Palpation results in referred pain to the right buttock. Her gait is antalgic and she must use a four-point cane to ambulate. Diagnostic radiography performed that day of cervical spine found mild disc space collapse at C4-5. There is loss of the usual cervical lordosis and straightening of the spine. A magnetic resonance imaging performed on 07/31/2014 found a moderate sized disc herniation at C4-5 which results in moderate canal stenosis as well as bilateral foraminal stenosis. Electrodiagnostic testing of bilateral upper extremities performed on 02/09/2015 revealed C5 sensory radiculopathy. The impression noted status post L4-S1 decompression (11/04/2014), cervical spondylosis with right upper extremity radiculopathy, right shoulder impingement

impairment and diabetes mellitus. The plan of care involved pending authorization for lumbar spine physical therapy and possible cervical surgical intervention. She was prescribed Norco 10mg #30 and Flexeril 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 2-day Inpatient stay: Overturned

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

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-Lumbar (updated 03/24/15) Hospital length of stay.

Decision rationale: The ODG guidelines recommend the median length of stay for lumbar laminectomy to be 2 days, with a mean of 3.5 days. Best practice target (no complications)-outpatient 1 day. However, this patient is an insulin dependent diabetic who was placed on a patient controlled analgesic system of intravenous Dilaudid, also receiving 2 tabs of Norco q 6 hours and cyclobenzaprine 10 mg tid. The requested treatment: Associated surgical service: 2-day Inpatient stay is medically necessary and appropriate.

Associated surgical service: 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); Low Back.

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 Chapter-Pre-operative testing (general).

Decision rationale: The ODG guidelines do recommend chest radiography for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The documentation does not include evidence to substantiate that information from a chest x-ray would change management. The guidelines note that chest-ray is often included in a battery of routine tests from which evidence is unclear about how the benefits obtained impact the conduct of the operation performed. Therefore this request is not medically necessary.

Associated surgical service: EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back.

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 Chapter-Preoperative Electrocardiogram.

Decision rationale: The ODG guidelines do recommend electrocardiograms (EKG) for patients undergoing high risk surgery and for patients undergoing intermediate risk operations if they have additional risk factors. Documentation does include evidence of such risk factors: insulin dependent diabetes, hypertension and hypercholesterolemia with obesity. Therefore, this request is medically necessary.

Associated surgical service: Cervical 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 (ODG); Neck & Upper Back.

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

Decision rationale: The ODG guidelines do not recommend a cervical collar after a single-level anterior cervical fusion. Collars are not recommended for neck sprains according to the guidelines. It was found in a high quality study that there was some advantage to mobilization over immobilization in a study of whiplash therapies. Thus the requested treatment: Associated surgical service: Cervical Collar is not medically necessary and appropriate.

Associated surgical service: OrthoFix Bone Growth Stimulator: 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); Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Bone-growth stimulators (BGS), low back chapter-BGS.

Decision rationale: Bone Growth stimulators are under study. There is limited evidence that BGS improves fusion rate for smokers and instability. However, this patient is not a smoker. Thus the requested treatment: Associated surgical service: OrthoFix Bone Growth Stimulator is not medically necessary and appropriate.