

Case Number:	CM15-0089491		
Date Assigned:	05/13/2015	Date of Injury:	05/19/2014
Decision Date:	07/07/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/09/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male, who sustained an industrial injury on May 19, 2014. He reported being struck on the head by a metal bar. The injured worker was diagnosed as having cervical spine stenosis with multiple disc protrusions at C3 through C7 and bilateral neuroforaminal narrowing with exiting nerve root compression, and bilateral upper extremity radicular pain, left greater than right. Treatment to date has included MRI, x-rays, chiropractic treatments, physical therapy, epidural injections, a pulmonary stress test, and medication. Currently, the injured worker complains of constant neck pain with radiation to the bilateral upper extremities with associated numbness and tingling sensation, and anxiety, depression, stress, headaches, and insomnia. The Secondary Treating Physician's report dated March 23, 2015, noted the injured worker's current medications included Hydrocodone, Genicin, Omeprazole, and Topical Creams. Physical examination was noted to show the cervical spine with moderate tenderness to palpation over the cervical par vertebral musculature and limited range of motion (ROM). Sensory examination in the upper extremities revealed sensory deficit over the bilateral C4 through C7 dermatomes. The treatment plan was noted to include discussion of surgical options including either an anterior cervical discectomy or fusion at C3-C4 and C4-C5 or alternatively a two level arthroplasty disc replacement, with the smallest procedure that would benefit the injured worker would be a C3-C4 anterior discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 76-78.

Decision rationale: The patient presents with chronic neck pain with radiation to the bilateral upper extremities with associated numbness and tingling sensation. The current request is for 60 tablets of Norco 10/325mg. The treating physician states on 3/23/15, "At the present time, the smallest procedure that would benefit the patient in all probability would be a C3-C4 anterior cervical discectomy and fusion. This would take the pressure off the spinal cord and hopefully relieve some of the symptomology allowing him to return back to work". MTUS guidelines are very specific with regards to beginning a trial of an opioid and the steps involved in initiating therapy. In this case, the clinical history provided for review does not document the physician's request or the medical rationale. Therefore, without an adequate clinical history the current request is not medically necessary.

1 cervical brace: 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 and upper back - Back brace, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Neck Chapter, Cervical collar, post operative (fusion).

Decision rationale: The patient presents with chronic neck pain with radiation to the bilateral upper extremities with associated numbness and tingling sensation. The current request is for 1 cervical brace. The treating physician states on 3/23/15, "At the present time, the smallest procedure that would benefit the patient in all probability would be a C3-C4 anterior cervical discectomy and fusion. This would take the pressure off the spinal cord and hopefully relieve some of the symptomology allowing him to return back to work". MTUS and ACOEM do not discuss cervical collars under post-operative care. ODG states the following for cervical collar, 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." In this case, the clinical history provided for review does not document the physician's request or the medical rationale. There is no documentation that the proposed surgical procedure has been authorized. The clinical

presentation provided for review does not support the current request per the ODG guidelines. Therefore, the current request is not medically necessary.

6 months rental of bone growth stimulator: Upheld

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 ODG Online, Low Back Chapter, Bone growth stimulators (BGS).

Decision rationale: The patient presents with chronic neck pain with radiation to the bilateral upper extremities with associated numbness and tingling sensation. The current request is for 6 months rental of bone growth stimulator. The treating physician states on 3/23/15, "At the present time, the smallest procedure that would benefit the patient in all probability would be a C3-C4 anterior cervical discectomy and fusion. This would take the pressure off the spinal cord and hopefully relieve some of the symptomology allowing him to return back to work". Both MTUS and ACOEM are silent with regards to bone growth stimulators. ODG states the following for bone growth stimulators (BGS): "Under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Criteria for use: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs." In this case, there are no documented risk factors to indicate the medical necessity of this request and there is no documentation that the surgery has been authorized. The current request is not medically necessary.

24 post-operative physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The patient presents with chronic neck pain with radiation to the bilateral upper extremities with associated numbness and tingling sensation. The current request is for 24 post-operative physical therapy visits. The treating physician states on 3/23/15, "At the present time, the smallest procedure that would benefit the patient in all probability would be a C3-C4 anterior cervical discectomy and fusion. This would take the pressure off the spinal cord and hopefully relieve some of the symptomology allowing him to return back to work". MTUS post surgical physical therapy guidelines recommend 24 visits over 16 weeks for displacement of cervical intervertebral disc (fusion, after graft maturity). The MTUS post surgical guidelines

state that if physical medicine is necessary post surgically then the initial course of therapy is one-half of the total post surgical therapy visits. In this case, up to 12 initial post surgical PT visits would be medically necessary. The current request for 24 post surgical visits is not supported in the MTUS post-surgical guidelines and is not medically necessary.