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| Case Number: | CM14-0140458 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 08/22/2013 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 43-year-old male who is status post vocational injury on 8/22/13. A previous Utilization Review determination authorized an anterior cervical discectomy and fusion with cage and instrumentation at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis, posterior or posterolateral technique, single level qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter: Fusion, posterior cervical

Decision rationale: California ACOEM Guidelines and supported by the Official Disability Guidelines. Do not support the request for an Arthrodesis, Posterior Or Posterolateral Technique for the C6-7 level. The Official disability Guidelines recommend that the procedure of posterior cervical fusion is under study. Although the addition of instrumentation is thought to add to the rate of fusion in posterior procedures, a study using strict criteria reported a 38% rate of nonunion in patients who received laminectomy with fusion compared to 0% rate in a group

receiving laminoplasty. The previous Utilization Review noted that the request for a posterior fusion to be included with the anterior fusion for one level of the procedure was an error by the surgical scheduler from the provider's office. It was noted in the medical records provided for review that the current request is for a one-level fusion which should be accomplished successfully through an anterior approach, and the medical necessity for a posterior approach for lateral fusion is not medically understood and subsequently cannot be considered medically necessary.

Posterior segmental instrumentation qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter: Fusion, posterior cervical

Decision rationale: California MTUS/ACOEM Guidelines and supported by the Official Disability Guidelines do not support the request for Posterior Segmental Instrumentation. The Official Disability Guidelines recommend that posterior cervical fusion is under study. Although the addition of instrumentation is thought to add to fusion rate in posterior procedures, a study using strict criteria reported a 38% rate of nonunion in patients who received laminectomy with fusion compared to 0% rate in a group receiving laminoplasty. The previous Utilization Review noted that the request for a posterior fusion to be included with the anterior fusion for one level of the procedure was an error by the surgical scheduler from the provider's office. It was noted in the medical records provided for review that the current request is for a one-level fusion that would be accomplished successfully through an anterior approach, and the medical necessity for a posterior approach for lateral fusion with posterior segmental instrumentation is not medically understood and subsequently cannot be considered medically necessary.

Cold therapy unit rental (days) qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/grns/medical/preopprotocols.aspx>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter: Continuous-flow cryotherapy

Decision rationale: California ACOEM Guidelines support the use of cold packs to treat pain and swelling. According to the Official Disability Guidelines, the use of continuous flow cryotherapy is not considered medically necessary in the neck. If there would be exceptions made, a cryotherapy device would only be used for up to seven days including home use. This request is for a thirty day rental of a cold therapy unit that would not be recommended by the

guidelines as medically necessary. The request of a thirty day rental far exceeds the recommended seven day exception if it were to be applied in some cases.

Pneumatic intermittent compression device qty: 1: 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), Knee & Leg chapter: Venous thrombosis

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines recommend that claimants should be identified as subjects who are at high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. There is no documentation that the claimant has a previous history of deep vein thrombosis or has medical comorbidities which would increase the overall risk for deep vein thrombosis. The previous Utilization Review determination confirmed that this claimant would be ambulatory almost immediately and there was low risk for deep vein thrombosis prophylaxis and subsequently denied the request. There is no documentation presented for review contradicting this information. Currently, there is no specific documentation available for review noting that deep vein thrombosis prophylaxis or pneumatic compression devices would be considered medically reasonable in the setting of neck surgery, specifically that of cervical fusion. The request for pneumatic compression device cannot be considered medically necessary.