

Case Number:	CM14-0080405		
Date Assigned:	07/18/2014	Date of Injury:	03/21/2012
Decision Date:	08/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 52-year-old male sustained an industrial injury on 3/21/12, relative to a broadside motor vehicle accident. The 1/17/14 upper extremity electrodiagnostic study revealed mild evidence suggestive of left C8-T1 radiculopathy and possible early carpal tunnel syndrome. The 1/23/14 urine drug screen report was reported consistent with prescribed medications. The 2/25/14 cervical MRI impression documented C6/7 disc protrusion/herniation with moderate foraminal narrowing with potential for symptomatic impingement upon the left exiting cervical nerve root, and C5/6 disc bulge with mild right sided foraminal narrowing. The 3/28/14 treating physician report cited on-going grade 7/10 neck, low back and shoulder pain. Neck pain radiated to his left arm. Cervical exam documented mild torticollis to the left, exquisite tenderness and muscle spasms, pain on scapular retraction, and left levator scapular swelling. Cervical range of motion was limited with end-range pain. Neurologic exam documented diminished triceps reflex and wrist flexor, finger flexor, and thumb opposition weakness. There was diminished sensation over the volar aspect of the forearm and palm. The patient had failed all conservative treatment methods. The treatment plan recommended anterior cervical discectomy and fusion with instrumentation at the C6/7 level. The treating physician stated that the patient would require home help, the duration/frequency to be determined post-operatively. Post-operatively, the patient would be followed by [REDACTED] for 3-4 days; there was no rationale provided for this care. Urinalysis was performed to monitor medication compliance. Zofran was prescribed to help in the post-operative period against nausea. Duracef was requested as a home antibiotic prophylactically for a very short time after surgery. The 5/9/04 utilization review approved the request for cervical surgery pending psychological clearance. The request for post-op home help was denied as these services did not meet guideline criteria, noting a home assessment by an RN had been certified. The request for post-op evaluation by [REDACTED] was denied as there were no

documented medical conditions requiring an assessment or treatments other than what was included in the global surgical fee. The request for Zofran was denied as the patient did not meet primary criteria for use. The retrospective request for urinalysis to monitor medication compliance was denied as there was recent testing and no indication of risk factors. The request for post-op Duracef was modified to allow for 24-hour post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Home help (with duration/frequency determined post-operatively): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services).

Decision rationale: The MTUS Chronic Pain Guidelines recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no description of the type, duration, or frequency of home services required to establish medical necessity. There is no indication that the patient will be confined to home or that skilled nursing or rehab services would be required. A home visit with an RN has been approved to allow for further assessment of need. Given the failure to meet indications for home help, this request for post-op home help is not medically necessary.

Post-op evaluation with [REDACTED] for 3-4 days: 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) Neck and Upper Back, Office visits.

Decision rationale: The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and

symptoms, clinical stability, and reasonable physician judgment. Guideline criteria have not been met. There is no rationale presented to support the medical necessity of a post-operative evaluation by a secondary physician, specialty not defined. There is no documented medical comorbidity requiring specialty follow-up. Therefore, this request for post-op evaluation with [REDACTED] for 3-4 days is not medically necessary.

Post -op Zofran: 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 Other Medical Treatment Guideline or Medical Evidence: Practice guidelines for postanesthetic care: an updated report by the American Society of Anesthesiologists Task Force on Postanesthetic Care. *Anesthesiology*. 2013 Feb;118(2):291-307.

Decision rationale: Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. There is no specific dosage or quantity documented. Therefore, this request for post-op Zofran is not medically necessary.

Urinalysis to monitor Medication Compliance (DOS 03/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The Official Disability Guidelines support on-going monitoring if the patient has evidence of a high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. Guideline criteria have not been met. Records indicate that drug screening was performed on 1/23/14 and was consistent with prescribed medications. There is no documentation relative to issues of abuse, addiction, or poor pain control. There is no compelling reason to support the medical necessity of additional testing. Therefore, this request is not medically necessary.

Duracef 24 hours post-op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.aaos.org/about/papers/advistmt/1027.asp>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Working Group of the Clinical Practice Guideline for the Patient Safety at Surgery Settings. Clinical practice guideline for the patient safety at surgery settings. (AIAQS); 2010. 191 p.

Decision rationale: Clinical practice guidelines indicate that a single standard dose of Duracef is sufficient for prophylaxis in most circumstances, except if surgery is longer than four hours or if loss of blood exceeds 1500 cc. The treating physician indicated that Duracef would be used as a home antibiotic. The 5/9/04 utilization review modified the request for post-op Duracef to allow for 24-hour post-operative use. There is no compelling reason to support the medical necessity of antibiotic therapy beyond the peri-operative period. Therefore, this request for Duracef 24 hours post-operative is not medically necessary.