

Case Number:	CM14-0215491		
Date Assigned:	02/04/2015	Date of Injury:	12/01/1999
Decision Date:	03/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Illinois, California, Texas
 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 12/1/99. The mechanism of injury was not documented. Past surgical history was positive for C4-C7 anterior cervical discectomy and fusion. X-rays on 6/18/14 documented a solid C4-5 fusion with spondylosis at C4/5 and unchanged alignment. The left C6 screw was fractured. The 11/7/14 cervical CT scan documented status post anterior C4/5, C5/6, and C6/7 fusion. The C4/5 and C6/7 disc spaces appeared solidly fused. The C5/6 disc space was mostly unfused, with small areas of anterior fusion. The 10/16/14 treating physician report indicated the injured worker had on-going neck problems with difficulty swallowing but no shortness of breath. He sometimes felt like he was drowning in secretions. He smoked almost a pack a day. The diagnosis was cervical post laminectomy syndrome, nonunion of fracture, and degeneration of cervical intervertebral disc. Authorization was requested for revision of C5/6 anterior cervical discectomy and fusion, removal of hardware and C3/4 disc replacement. On December 3, 2014 utilization review certified the surgical request and non-certified a request for post-op home health RN evaluation x1 visit as there was no documented medical treatment needed for home, and non-certified an on-Q-pain pump based on absence of guideline support. The American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated December 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Home Health RN Evaluation x1 Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127; and Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS 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. Guideline criteria have not been met. There was no rationale provided to establish the medical necessity of post-op evaluation by a home health nurse. Probable home bound post-op. status was not adequately delineated. Therefore, this request is not medically necessary.

On Q-Pain Pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 10/31/14), Post-Operative Pain Pump

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back, Postoperative pain pump

Decision rationale: The California MTUS guidelines are silent regarding this device. The Official Disability Guidelines state that post-operative pain pumps are not recommended. Guidelines state there is insufficient evidence to conclude that direct infusion is as effective as or more effective than conventional pre- or postoperative pain control using oral, intramuscular or intravenous measures. Three recent moderate quality randomized controlled trials did not support the use of pain pumps. Given the absence of guideline support for the use of post-operative pain pumps, this request is not medically necessary.