

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0167843 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 12/13/2011 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 56 year old male, who sustained an industrial injury on 12-13-2011. He reported injuries to the head, neck and low back from an approximately 8-9 foot fall. Diagnoses include cervical spinal stenosis with radiculopathy. Treatments to date include activity modification, medication therapy, physical therapy and cervical epidural steroid injections. Currently, he complained of constant neck pain rated 7-8 out of 10 VAS. On 2-19-15, the physical examination documented decreased cervical range of motion and decreased sensation to the right upper extremity. A cervical spine MRI dated 6-24-14 was noted to reveal diffuse disc osteophyte complex with mild compression of the spinal cord and mild central canal stenosis. The plan of care included additional physical therapy. The appeal requested authorization of a C3-C4 anterior cervical discectomy and fusion with artificial disc versus fusion at C4-C5, inpatient stay, pre-operative clearance to include consultation; EKG; Labs, Chest x-ray, a cold therapy unit, cervical spine soft cervical collar, if fusion and a Miami J collar. The Utilization Review dated 8-14-15, modified the request and allowed the cervical discectomy and fusion, artificial disc, fusion at C4-C5, pre-operative clearance consultation, EKG, Chest X-ray, and Miami J collar and two day inpatient stay. The Utilization Review denied the labs per 5-7-15 order, cold therapy unit and soft cervical collar indicating that the medical records did not specify what labs, did not indicate outcomes for cold therapy unit use, and the soft cervical collar is not indicated per American College of Occupational and Environmental Medicine (ACOEM) Guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-patient stay: Upheld

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

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, Cervical Fusion.

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of inpatient stays. The Official Disability Guidelines states that goal length of stay for cervical disotomy is 2 days. A review of the medical documentation provided demonstrates that this patient has been requested to receive an inpatient stay without a specific number of days specified. A length of stay must be specified prior to authorization of inpatient status. Thus, based on the submitted medical documentation, the request is not medically necessary.

Preoperative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 07/17/15) - Online Version.

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

Decision rationale: The California MTUS guidelines and the ACOEM Guidelines do not address the topic of preoperative lab testing. According to the Official Disability Guidelines (ODG), pre-operative medical clearance is: Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. A review of the medical documentation provided demonstrates that this patient has been requested to receive pre op lab work but the type of labs requested are not specified. Authorization cannot be given without specific labs requested. Thus, based on the submitted medical documentation, the request is not medically necessary.

Cold therapy unit for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 06/25/15) - Online Version.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration.

Decision rationale: The California MTUS Guidelines do not address the topic of cold therapy units. ACOEM Guidelines state, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback." This patient is to have a C3-C4 cervical discectomy and fusion. Since there is no medical evidence to clinically support the need for cryotherapy in this surgical application, the need for such a device is not indicated. Therefore, based on the submitted medical documentation, the request for cold therapy unit is not medically necessary.

Soft cervical collar (if fusion): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 06/25/15) - Online Version.

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, Cervical Fusion.

Decision rationale: The California MTUS Guidelines and the ACOEM Guidelines do not address the topic of cervical collars. Per the ODG, soft collars are appropriate without neurological deficits or in the setting of soft tissue injury. This patient will be post-op from a C3-C4 cervical discectomy and fusion. This implies neurological and bony healing which requires a rigid collar, not a soft collar. The patient has already been authorized to receive a Miami J collar. A soft collar in this instance is not indicated. Therefore, based on the submitted medical documentation, the request for cervical soft collar is not medically necessary.