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| Case Number: | CM15-0170044 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 02/10/1980 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 10, 1980. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve requests for a bone growth stimulator and a Medrol Dosepak. The claims administrator referenced an RFA form received on August 12, 2015 and an associated progress note dated July 1, 2015 in its determination. The claims administrator did acknowledge that the applicant had undergone an earlier C4-C5, C5-C6, and C6-C7 cervical discectomy and fusion procedure on May 22, 2015 but nevertheless seemingly went on to deny the request. The applicant's attorney subsequently appealed. On an operative report dated May 22, 2015, the applicant in fact underwent a cervical discectomy and fusion at C4-C5, C5-C6, and C6-C7 with associated partial corpectomy at C4, C5, C6, and C7. On a preoperative evaluation dated May 21, 2015, it was stated that the applicant had a history of atrial tachycardia and palpitations. The applicant was on naproxen, Norco, tramadol, Soma, diltiazem, Prilosec, and fenoprofen, it was reported. The applicant had undergone earlier lumbar fusion surgery, earlier knee meniscectomy, earlier inguinal herniorrhaphy, and earlier trigger finger release surgery. On April 7, 2015, the applicant was asked to pursue a multilevel cervical fusion procedure while remaining off of work, on total temporary disability. On an RFA form dated June 25, 2015, a bone growth stimulator, Medrol, Ambien, and tramadol were sought. On an associated June 1, 2015 office visit, the applicant was described as having undergone a multi-level cervical spine surgery. The applicant reported some pain over the weekend. The attending provider suggested that the applicant had done well postoperatively. The attending provider

reiterated his request for a bone growth stimulator, stating that it helps to promote consolidation of the fusion hardware. Physical therapy, Medrol, Ambien, and tramadol were endorsed while the applicant was placed off of work, on total temporary disability. The attending provider stated toward the top of the note that the applicant felt "much better."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bone growth stimulator purchase: Overturned

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 (Acute & Chronic): Bone growth stimulators (BGS). (2014) Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic): Bone growth stimulators (BGS). (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Bone growth stimulators (BGS).

Decision rationale: Yes, the request for a bone growth stimulator purchase was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of bone growth stimulators. However, ODG's Low Back Chapter Bone Growth Stimulators topic notes that one of the primary risk factors for a potential failed fusion is evidence that an applicant is undergoing a fusion procedure at more than one level. Here, the applicant did in fact undergo a multi-level cervical fusion surgery at C4-C5, C5-C6, and C6-C7, it was reported on operative report dated May 22, 2015. As suggested by the attending provider on a progress note of June 1, 2015, provision of a bone stimulator was indicated to promote fusion hardware consolidation. Therefore, the request was medically necessary.

1 prescription Medrol dose pack: 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), Pain (Chronic): Oral corticosteroids. (2015).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd. ed., Cervical and Thoracic Spine Disorders, page 136.

Decision rationale: Conversely, the request for a Medrol Dosepak was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's June 1, 2015 office visit did not clearly state why the applicant

was being given a Medrol Dosepak on June 1, 2015 if, in fact, he felt much better. The applicant was described as having "improved significantly" as of that date. The attending provider contended that the applicant had already begun to experience the beneficial effects of the fusion procedure performed on May 22, 2015 as of the date of the request, June 1, 2015. It was not clear, thus, why a Medrol Dosepak was endorsed in the context of the applicant's trending favorably as of the date of the request. While the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter acknowledges that glucocorticosteroids such as the Medrol Dosepak in question are recommended in the treatment of acute severe radicular pain syndromes for the purposes of ensuring a short-term reduction in pain, in this case, however, the June 1, 2015 office visit at issue made no mention of the applicant's having experienced any flare in or issues with severe radicular pain complaints present on that date. If anything, the applicant's pain complaints were significantly diminished on that date. Therefore, the request was not medically necessary.