

Case Number:	CM15-0096280		
Date Assigned:	05/26/2015	Date of Injury:	10/01/2009
Decision Date:	06/24/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 44-year-old female who sustained an industrial injury on 10/01/09 relative to cumulative trauma. Past medical history was positive for asthma and migraine headaches. The injured worker was a non-smoker. The 2/6/15 cervical spine MRI impression documented a 2 mm broad-based disc bulge at C3/4 resulting in left neuroforaminal narrowing. At C4/5, there was a 3 mm broad-based disc osteophyte complex resulting in canal stenosis, effacement of the left lateral recess, and moderate left neuroforaminal narrowing. At C5/6, there was a 3-4 mm disc osteophyte complex resulting in moderate bilateral neuroforaminal narrowing, left greater than right, and canal stenosis. At C6/7, there was a 3 mm broad-based disc bulge that effaced the ventral CSF space resulting in canal stenosis. There was no mass effect on the cord or neuroforaminal compromise. The 2/9/15 cervical spine x-rays documented grade 1 anterolisthesis of C6 on C7 on the extension view that appeared to realign on the flexion views. The 4/27/15 treating physician report cited increased grade 8-10/10 neck pain radiating into both arms with tingling in the forearms, thumbs, and index fingers. She complained of dropping things. Physical examination documented cervical spasms and guarding, painful range of motion, and positive Lhermitte's and Spurling's tests. Upper extremity reflex exam documented trace brachioradialis. There was 4/5 biceps, triceps, and deltoid weakness. Sensory loss was noted over C5/6 and C6/7 dermatomes with numbness on the left and dysesthesia and tingling on the right. The treatment plan recommended C5/6 and C6/7 arthrodesis. The 4/30/15 authorization request included anterior cervical discectomy and fusion C5/6 and C6/7, assistant surgeon, intraoperative neuromonitoring, inpatient stay x 2 days, hard cervical collar, external bone growth stimulator, and a VascuTherm DVT unit rental. The 5/15/15 utilization review certified the requests for anterior cervical discectomy and fusion C5/6 and C6/7, assistant surgeon, intraoperative monitoring, and a hard cervical collar.

The request for 2 day inpatient stay was modified to 1 day consistent with the Official Disability Guidelines. The request for a bone growth stimulator was non-certified as there was no rationale provided for use, the injured worker was not a diabetic or smoker, and she had no history of steroid use or osteoporosis. The request for a VascuTherm DVT unit for 14 days was non-certified as there was no evidence that the injured worker would be confined to bed and non-ambulatory, or that she had a prior DVT history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay for 2 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Hospital length of stay.

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: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical fusion is 1 day. The 4/27/15 utilization review modified the request for 2 days length of stay, certifying 1 day. There is a compelling reason to support the medical necessity of 2 overnights. This is on the basis of co-morbidities and multi-level fusion. Therefore, this request is medically necessary.

Bone growth stimulator (indefinite use): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Low Back.

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: Bone-growth stimulators (BGS); Low Back ½ Lumbar & Thoracic Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. This injured worker meets the criteria to support the use of a post-operative bone growth stimulator based on multilevel fusion. Therefore, this request is medically necessary.

Vascultherm for 14 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Venous Thrombosis.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) do not specifically address DVT prophylaxis following cervical surgeries. Guidelines generally recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guideline criteria have not been met. There are limited DVT risk factors identified for this patient. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. Therefore, this request is not medically necessary.