

Case Number:	CM13-0025655		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2011
Decision Date:	03/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. 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 physician 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 is a 48-year-old female who sustained injury on 04/26/2011 while working as a forklift operator performing repetitive motions of her upper extremities. She reported neck and bilateral upper extremity symptoms. Treatment history includes physical therapy and medications. Past medical history includes smoker, Cervical MRI dated 04/08/2013 showed mild reversal of the normal cervical curvature and mild degenerative disc disease with multilevel disc bulges, worst at the C5-6 level with mild effacement of the anterior thecal sac and moderate bilateral foraminal narrowing. There was mild left facet hypertrophy at C3-4. Cervical x-ray dated 10/09/2013 showed C3-4 and C4-5 anterolisthesis. A clinic note dated 09/17/2013 indicates she presented with neck and radiating left arm pain. Her symptoms were worsened due to her return to work for 1 week. Her medications list included Norco 5/325 mg, Prilosec 20 mg, and Hormone medication. On physical exam, motor exam was 5/5 strength in the wrist flexion, wrist extension, biceps, triceps, and deltoids. There was significant limitation in wrist flexion and wrist extension on the left side due to significant pain. There was noted numbness along the C5-6 and C6-7 distributions. There was positive Spurling sign as well as positive Tinel sign. She was diagnosed with chronic neck pain and cervical disc disease, predominantly at C5-6, bilateral carpal tunnel syndrome, and right shoulder impingement. Plan was to proceed with surgical intervention of anterior cervical discectomy and fusion with instrumentation at C5-6. It was noted that patient was informed about authorization for surgery. The provider is requesting postoperative cervical collar, bone growth stimulator, and fitting due to her history of being a heavy smoker.

IMR ISSUES, DECISIONS AND RATIONALES

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

postoperative cervical collar, bone growth stimulator, and fitting: 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) TWC, Neck & Upper Back Procedure Summary-Bone Growth Stimulators ; Aetna Clinical Policy Bulletins-Number 0343, Bone Growth Stimulator.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Neck and Upper Back (Acute & Chronic), Collars (cervical) and Bone-growth stimulators (BGS).

Decision rationale: This patient was diagnosed with cervical disc disease at C5-6, bilateral carpal tunnel syndrome, and right shoulder impingement. She has severe neck and bilateral upper extremity pain associated with numbness and tingling in her hands. She was recommended anterior cervical discectomy and fusion (ACDF) at C5-6 and postoperative cervical collar, bone growth stimulator, and fitting because she is a heavy smoker. As per above referenced guidelines, a brief immobilization following surgery is recommended. Regarding bone growth stimulator and fitting, CA MTUS do not have appropriate guidelines regarding the request and hence ODG has been consulted. As per ODG, bone growth stimulators are under study but may be considered medically necessary as an adjunct to spinal fusion surgery for patients with current smoking habit. The provider reported that this patient is a heavy smoker and therefore the medical necessity is established. The request for cervical collar, bone growth stimulator and fitting is certified.