

Case Number:	CM13-0027483		
Date Assigned:	12/27/2013	Date of Injury:	08/30/2012
Decision Date:	02/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/21/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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:

The patient is a 54-year-old male who reported injury on 08/30/2012. The mechanism of injury was stated to be the patient was in their panel van, and the van was struck from behind, causing the patient to fall. The patient was noted to have an anterior cervical discectomy and fusion at C5-6. The patient's diagnosis was noted to be cervical disc herniation. The request was made for a cervical collar, bone stimulator, and cold therapy unit plus pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar: 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): Cervical Collars

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Cervical Collar post-operative

Decision rationale: ACOEM Guidelines indicate that a cervical collar is not recommended to be used more than 1 day or 2 days. However, they do not address postoperative cervical collars. As

such, secondary guidelines were sought. Per Official Disability Guidelines; cervical collars are not recommended after single level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single level anterior cervical fusion with plating. The patient was noted to have an anterior cervical discectomy and fusion at C5-6 on 09/03/2013. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a Cervical Collar is not medically necessary.

Bone Stimulator: 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) Bone Growth Stimulators (BGS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Bone Stimulator, Low Back Chapter, Bone Stimulator for additional information.

Decision rationale: Official Disability Guidelines indicate that bone growth stimulators are under study and there is conflicting evidence, so a case by case recommendation is necessary. Additionally, it indicates that some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases, including pseudoarthrosis and when the patient is a smoker. However, there is a lack of documentation indicating the patient was at high risk or was a smoker and there was a lack of documentation of exceptional factors. Given the above, the request for Bone Stimulator is not medically necessary.

Cold Therapy Unit plus pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cryotherapies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: ACOEM Guidelines indicate that at-home, local applications of cold packs during the first few days of acute complaints and, thereafter, applications of heat packs are an optional treatment modality. There was a lack of documentation indicating the necessity for a cold therapy unit plus pad. Given the above, the request for Cold Therapy Unit plus Pad, undetermined duration, is not medically necessary.