

Case Number:	CM13-0051255		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	02/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation with a subspecialty in Pain Management, and is licensed to practice in California. 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 40-year-old with a date of injury of 10/18/2011. The listed diagnosis per [REDACTED] dated 08/07/2013 is Left sided C5-C6 and C6-C7 disc herniation. According to report dated 08/07/2013 by [REDACTED], patient presents with complaints of pain in her neck that radiates to left upper extremity. Examination of the cervical spine showed tender cervical paraspinal, spasms and guarding. Extension was noted as 40 degrees. There was reported decrease in sensation in the left C5, C6 and C7 dermatomes. Treater requests Philadelphia and Aspen collar, cervical bone stimulator and Surgistim device. MRI of the cervical spine dated 08/05/2013 shows central and lateral recess stenosis at C5-6 and C6-7 due to disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Philadelphia collar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideliens (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideliens (ODG), Neck and Upper Back Chapter

Decision rationale: This patient presents with "radiculopathy and severe pain" in her cervical spine. Treater requests a Philadelphia and Aspen collar "to protect and stabilized the spine, limit range of motion and support and protect the surgical site." This patient has been authorized for an anterior cervical discectomy and fusion at C5-C6 and C6-C7. The MTUS and ACOEM guidelines do not specifically discuss neck brace. However, ODG under neck & upper back states "cervical collar after single-level anterior cervical fusion with plate are not recommended. 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. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable." The request for a Philadelphia collar is medically necessary and appropriate.

Aspen Collar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter.

Decision rationale: This patient presents with "radiculopathy and severe pain" in her cervical spine. Treater requests a Philadelphia and Aspen collar "to protect and stabilized the spine, limit range of motion and support and protect the surgical site." This patient has been authorized for an anterior cervical discectomy and fusion at C5-C6 and C6-C7. The MTUS and ACOEM guidelines do not specifically discuss neck brace. However, ODG under neck & upper back states "cervical collar after single-level anterior cervical fusion with plate are not recommended. 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. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable." The request for an Aspen Collar is not medically necessary or appropriate.

SurgiStim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: This patient presents with "radiculopathy and severe pain" in her cervical spine. Treater requests a Surgistim "to manage post-operative pain and help reduce post-operative edema and swelling, reduce joint pain and increase range of motion." Surgi Stim is a brand name neuromuscular electrical stimulation device. Under Neuromuscular electrical stimulation (NMES devices) the Chronic Pain Medical Treatment Guidelines guidelines states, "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." This device is intended for patient following a stroke and is not supported for chronic pain. The request for SurgiStim is not medically necessary or appropriate.

Cervical external bone stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter

Decision rationale: This patient presents with "radiculopathy and severe pain" in her cervical spine. Treater requests a cervical bone stimulator for post operative use. Unitization review dated 09/12/2013 certified request stating "given that the claimant will undergo multilevel cervical fusion, cervical bone stimulator is necessary to hasten fusion." ODG guidelines states regarding Bone Growth Stimulator is "under study. There is conflicting evidence, so case by case recommendations are necessary." For criteria the following are recommended per ODG: "1. One or more previous failed spinal fusion; 2. Grade III or worse spondyloisthesis, 3. Fusion to be performed at more than one level, 4. current smoking habit, 5. Renal disease, diabetes, alcoholism or 6. Significant osteoporosis." This patient has been authorized for an anterior cervical discectomy and fusion at C5-C6 and C6-C7. The cervical bone stimulator is recommended by ODG when fusion is performed at more than one level. The request for a cervical external bone stimulator altogether is medically necessary and appropriate.