

Case Number:	CM13-0061458		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2009
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 30, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 14, 2013, the claims administrator seemingly denied a request for cervical discectomy and fusion surgery, a bone stimulator, postoperative physical therapy, and a cervical collar. A clinical progress note of August 28, 2013 is notable for comments that the applicant presents with primary complaint of neck pain. The applicant stands 5 feet 2 inches tall and weighs 140 pounds. The applicant is represented. She has been off of work since September 2012. She is status post multiple shoulder surgeries, carpal tunnel release surgeries, hip surgeries, hysterectomy, tonsillectomy, appendectomy, and C-section. She is on OxyContin, triazolam, Skelaxin, and tramadol. She has no medical problems. She is a non-smoker. 4/5 upper extremity strength is appreciated. It is stated that the applicant may be a candidate for an anterior cervical discectomy and fusion procedure. A request for MRI imaging is apparently made.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation . ODG LOW BACK CHAPTER, BONE GROWTH STIMULATORS

Decision rationale: The MTUS does not address the topic of bone growth stimulators for the cervical spine. As noted in the ODG Low Back Chapter Bone Growth Stimulator topic, bone growth stimulators are considered under study. ODG summary of recommendation is that bone stimulators can be considered medically necessary as an adjunct to spinal fusion surgery for applicants with risk factors for a failed fusion, including: History of previously failed fusions; high-grade spondylolisthesis; evidence that fusion needs to be performed in more than one level, current smoking habit, diabetes, renal disease, alcoholism, and/or significant osteoporosis which has been demonstrated on radiographs. In this case, fusion has been requested at multiple levels. However, there is no indication that the applicant is in fact going forward with the planned fusion surgery. The planned fusion surgery was denied through an earlier Utilization Review Report. The fusion surgery request was not part of this Independent Medical Review package. Since there is no indication that the applicant is actually going forward with the proposed cervical spine surgery, the request is not certified, on Independent Medical Review.

VISTA COLLAR FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 175, cervical collars have not been shown to have any lasting benefit. ACOEM notes that prolonged usage of collars will contribute to debilitation. ACOEM finally notes in Chapter 8, Table 8-8, page 181 that usage of cervical collars for more than one to two days is "not recommended." In this case, the attending provider has not proffered any applicant-specific rationale along with the request for authorization so as to try and offset the unfavorable ACOEM recommendations. Long-term usage of a cervical collar is not recommended, whether the applicant undergoes the disputed surgery or not. Therefore, the request is not certified, on Independent Medical Review.