

Case Number:	CM13-0063428		
Date Assigned:	12/30/2013	Date of Injury:	02/29/2012
Decision Date:	05/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery 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:

This 44-year-old male sustained injury to his neck and left shoulder on 2/29/12 when a pallet jack he was pulling stopped abruptly, jerking his left upper extremity and pulling him back against the load. The patient was diagnosed with a SLAP lesion and underwent a left shoulder arthroscopy on 5/23/13. Cervical MRI findings documented disc protrusions with critical stenosis at C3/4, C4/5, and C5/6, and C5/6 cord compression with myelomalacia. He reported severe cervical pain that failed conservative treatment. The 10/8/13 pre-op evaluation documented past medical history positive for active tobacco usage, opioid dependence, and Crohn's disease. Cardiopulmonary status was reported stable with normal chest x-ray, essentially normal pulmonary function, normal EKG and echocardiogram, and negative lab work. He underwent anterior cervical decompression with C4 and C5 corpectomy and fusion from C3 to C6 on 10/18/13. Records indicate that post-op pain control was difficult given the pre-op level of opioid use. A request for a cold therapy unit, DVT system, rigid cervical collar, and soft cervical collar was non-certified in utilization review on 12/3/13 due to an absence of clinical documentation regarding the surgical procedure, DVT risk factors, and guideline support in general.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back, Continuous Flow Cryotherapy

Decision rationale: The California MTUS guidelines do not provide recommendations relative to this device. The Official Disability Guidelines do not recommend the use of continuous flow cryotherapy in the neck. There is no compelling reason submitted to support the medical necessity of this device in the absence of guideline support. Therefore, this request for Q-Tech cold therapy recovery system with wrap is not medically necessary.

Q-TECH DVT PREVENTION SYSTEM X 21 DAYS POST OP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Venous Thrombosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter and Knee Chapter, Venous Thrombosis

Decision rationale: The California MTUS and Official Disability Guidelines do not provide specific recommendations for DVT prophylaxis for patients undergoing cervical surgery. In general, the ODG 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. DVT risk factors for this patient would include smoking. There is no documentation that anticoagulation therapy and/or compression stockings would be contraindicated or insufficient to warrant the use of the requested mechanical prophylaxis. Therefore, this request for Q-Tech DVT prevention system is not medically necessary.

OLYMPIA RIGID CERVICAL COLLAR PURCHASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical, Cervical Collar, Post-Operative (Fusion)

Decision rationale: The California MTUS guidelines do not provide recommendations relative to post-operative cervical collars. The Official Disability Guidelines do not recommend cervical collars after single-level anterior fusion with plate. Guidelines indicate that there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Given the reported multilevel cervical fusion, use of a cervical collar would be

reasonable for pain control and to preclude extremes of motion for construct protection. Therefore, this request for Olympia rigid cervical collar purchase is medically necessary.

OLYMPIA SOFT CERVICAL COLLAR PURCHASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical, Cervical Collar, Post-Operative (Fusion)

Decision rationale: The California MTUS guidelines do not provide recommendations relative to post-operative cervical collars. The Official Disability Guidelines do not recommend cervical collars after single-level anterior fusion with plate. Guidelines indicate that there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Given the reported multilevel cervical fusion, use of a cervical collar would be reasonable for pain control and to preclude extremes of motion for construct protection. Therefore, this request for Olympia soft cervical collar purchase is medically necessary.