

Case Number:	CM14-0012283		
Date Assigned:	02/21/2014	Date of Injury:	12/27/2011
Decision Date:	07/31/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The patient is a 58-year-old female who has submitted a claim for bulging discs, C5-C6 and C6-C7 associated with an industrial injury date of December 27, 2011. The medical records from 2012-2014 were reviewed. The patient complained of persistent neck and arm pain, grade 7/10 in severity. Symptoms include swelling, clicking, tingling, locking, popping, grinding, stiffness, weakness, stabbing, giving way, numbness, and tenderness. The pain was aggravated by pushing, repetitive use, reaching overhead, pulling, lifting, and bending. Physical examination showed limited range of motion of the cervical spine. There was decreased sensation on C5-C6 bilaterally. Biceps reflex was also diminished. Motor strength was intact. MRI of the cervical spine, dated April 12, 2013, revealed moderate cervical spondylosis with moderate right C5-C6 and C6-C7 neuroforaminal stenosis. The treatments to date has included medications, physical therapy, right shoulder surgery, bilateral carpal tunnel release, cervical epidural steroid injections, home exercise program, and activity modification. In a utilization review, dated January 22, 2014, denied the request for cold therapy unit because it is not recommended in the neck and ice packs could suffice. The request for bone growth stimulator was also denied because there was no high risk for failed fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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, Continuous-flow cryotherapy Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The CA MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In addition, Official Disability Guidelines (ODG), Neck & Upper Back section, states that continuous-flow cryotherapy is not recommended in the neck. In this case, the patient has persistent neck and upper extremity pain. Rationale for the present request was not provided from the medical records submitted. There was no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational. Furthermore, it is unclear why regular ice bags/packs will not suffice. The specific body part to be treated and the duration of use were not mentioned in the request as well. Moreover, it was also not specified if the request was for rental or purchase. Therefore, the request for cold therapy unit is not medically necessary.

BONE GROWTH 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Bone Growth Stimulators (BGS).

Decision rationale: The CA MTUS does not specifically address bone growth stimulators. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: previous failed spinal fusion; grade III spondylolisthesis; fusion to be performed at more than one level; current smoking habit; diabetes, renal disease, alcoholism; or significant osteoporosis. Use of bone growth stimulators are still under study. In this case, previous utilization review dated January 22, 2014 approved the patient for anterior decompression fusion with instrumentation, bone graft C5-C6 and C6-C7. However, it is not known if the surgery was accomplished, and subsequently had failed fusion. The patient has a history of diabetes. She denies alcohol use and has no smoking history. The medical records failed to provide evidence of

the presence of other risk factors for failed fusion. Therefore, the request for bone growth stimulator is not medically necessary.