

Case Number:	CM14-0138489		
Date Assigned:	09/05/2014	Date of Injury:	08/04/2010
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology; and is licensed to practice in Tennessee, North Carolina and Georgia. 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 injured worker is a 53-year-old female who reported an injury on 08/04/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic axial back pain, broad based disc osteophyte complex at C4-5, thyroid enlargement, and spinal stenosis. Past medical treatment consists of physical therapy, acupuncture, and medication therapy. On 01/20/2014, the injured worker underwent an MRI of the cervical spine and another MRI on 06/06/2014 as well. On 08/06/2014, the injured worker complained of neck pain. Physical examination revealed no obvious deformities, normal cervical lordosis, and no scars. Palpation revealed tenderness of the lower cervical region. There was no pain on palpation of the cervical paraspinal trapezial musculature. Range of motion revealed a flexion of 50 degrees, extension of 60 degrees, left lateral bending 45 degrees, right lateral bending 45 degrees, right rotation 50 degrees, and left rotation at 50 degrees. Motor exam of the upper extremities revealed a strength of 5/5 in all planes. Babinski, clonus, and Hoffmann's were negative. There was normal sensation to light touch. Medical treatment plan is for the injured worker to have use of an Aspen cervical collar and bone growth stimulator. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen Cervical Collar: 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 and Upper Back, Collars (cervical)

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

Decision rationale: The request for Aspen Cervical Collar is not medically necessary. The MTUS/ACOEM states other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities. The submitted documentation lacked a rationale as to how the provider felt a cervical collar would benefit any functional deficits the injured worker might have had. Furthermore, physical examination dated 08/06/2014 did not indicate any functional deficits the injured worker had to the cervical spine. Range of motion, motor strength, and sensory were all within normal limits. A request for cervical collar is unclear. Given that the MTUS/ACOEM Guidelines do not recommend the use of cervical collars, the request is not medically necessary.

Bone Growth Simulator: 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

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, Bone growth stimulators (BGS).

Decision rationale: The request for Bone Growth Simulator is not medically necessary. The ODG suggest that bone growth stimulators are under study. There was conflicting evidence, so case by case recommendations are necessary. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudo arthrosis, instability, smoker). There was no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be beneficial effect on fusion rates in patients at high risk, but this has not been convincingly demonstrated. Criteria for the use of invasive or noninvasive electrical bone growth stimulators are as follows: either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondyloisthesis; (3) Fusion to be performed at more than 1 level; (4) Current smoking habit; (5) diabetes, renal disease, alcoholism; or (6) significant osteoporosis which has been demonstrated on radiographs. Given the above, the injured worker is not within ODG criteria for the use of bone growth stimulators. There was no indication in the submitted report that the injured worker had or was going to have

spinal fusion surgery. There was also no evidence of the injured worker having grade 3 or worse spondylolisthesis. Additionally, the request as submitted did not indicate the frequency or duration that the provider was requesting the external bone growth stimulator. As such, the request is not medically necessary.