

<b>Case Number:</b>	CM14-0169617		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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, shoulder, knee, and wrist pain reportedly associated with an industrial injury of August 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier inguinal hernia repair surgery; and extensive periods of time off of work. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for an external bone growth stimulator and also denied a request for a hard and soft cervical collar. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated June 20, 2014, the applicant was described as off of work, on total temporary disability. The Medical-legal evaluator suggested on June 6, 2014 that the applicant was a candidate for cervical fusion surgery. On May 8, 2014, the applicant was described as using Verapamil, Imipramine, Fioricet, Naproxen, and Norco. The applicant was placed off of work, on total temporary disability. On September 16, 2014, the applicant again reported ongoing complaints of neck pain, headaches, wrist pain, and shoulder pain. The applicant was given a primary diagnosis of cervical spondylosis. Electrodiagnostic testing of the bilateral upper extremities was sought while the applicant was again placed off of work, on total temporary disability. On July 10, 2014, the applicant reported ongoing complaints of headaches, neck pain, dizziness, and spinning. It was suggested that the applicant was not a candidate for spine surgery. The applicant's pain management physician stated that he did not believe the applicant had significant spinal cord compression noted on cervical MRI imaging. Facet joint injections were endorsed. The attending provider posited that the applicant's dizziness and spinning were not the result of any cervical cord compression process. On September 30, 2014, the applicant's neurosurgeon sought authorization for multilevel C4-C5 and C6-C7 anterior

cervical discectomy and fusion while placing the applicant off of work, on total temporary disability.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **External Bone Growth Stimulator Hard and Soft Cervical Collar: Overturned**

**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: Bone Growth Stimulators (BGS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone Growth Stimulators (BGS) Topic.

**Decision rationale:** This appears to represent a postoperative request for a bone growth stimulator following planned multilevel cervical fusion surgery. The MTUS does not address the topic of bone growth stimulation postoperatively. As noted in ODG's Low Back Chapter, Bone Growth Stimulators topic, one of the criteria for usage of bone growth stimulator is evidence that a fusion is to be performed at more than one level. In this case, the information on file suggests that the applicant's most recent treating provider, a neurosurgeon, and a Medical-legal evaluator, have both endorsed pursuit of a multilevel cervical fusion surgery at C4-C5 and C6-C7. Based on the information on file, it appears that the applicant is intent on pursuing said cervical spine surgery and is, indeed, making plans to undergo the same. Concomitant provision of a bone growth stimulator for postoperative use purposes is indicated, given the fact that the applicant is apparently planning to pursue a multilevel cervical fusion surgery. Therefore, the request is medically necessary.

### **Hard and Soft Cervical Collar: 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), Neck and Upper Back, Cervical Collar, Post-operative.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, 174.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, usage of a cervical collar for more than one to two days is "not recommended." Similarly, the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 notes that cervical collars and/or braces should only be employed either for short-term use purposes for severe pain and/or for stabilization purposes in applicants who have central cord compression who are pending emergent surgery. In this case, there is no evidence that the applicant is pending any kind of emergent surgery. The cervical spine surgery which the applicant is apparently planning to undergo is, by all accounts, an elective procedure, not an emergent procedure. Prolonged

immobilization as is implied via purchase of the hard and soft cervical collars at issue is not recommended. Therefore, the request is not medically necessary.