

Case Number:	CM14-0176296		
Date Assigned:	10/29/2014	Date of Injury:	08/08/2011
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 48-year-old male with a date of injury of 08/08/2011. The listed diagnoses per [REDACTED] are: 1. Disk herniation, cervical. 2. Cervical spondylosis. According to progress report, 08/29/2014, the patient presents with severe neck and left arm pain. MRI was taken on this date which revealed mild kyphosis with loss of normal ventral spinal cord convexity at C3 to C4, C4 to C5, and C5 to C6. There is no spinal stenosis or cord edema or myelomalacia noted. C4 to C5 bilaterally mild foraminal stenosis. C5 to C6 and C6 to C7 uncovertebral spurring and bilateral moderate foraminal stenosis. Examination of the cervical spine revealed tenderness to palpation at the left lower paracervical spine and moderate palpable paravertebral cervical muscle spasm. Motor exam of the upper extremity revealed strength of 5/5. There was weakness in the left deltoid, left biceps, and triceps 4+/5. The treating physician recommended a 2-level artificial disk replacement as "he does have some spondylosis at C4 to C5, but significant stenosis at C4 to C5." This is a request for Aspen cervical collar purchase and a bone growth stimulator/fitting purchase. Utilization review denied the request on 10/02/2014. Treatment reports from 05/12/2014 through 10/27/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen Cervical Collar Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck Chapter, Regarding Neck Collars.

Decision rationale: This patient presents with chronic neck pain. This is a request for an Aspen cervical collar. The progress reports provided for review does not discuss the requested Aspen cervical collar purchase. It appears the treating physician is requesting the cervical collar for postoperative use. Regarding neck collars, ODG states, "May be appropriate where post-operative and fracture indications exist." The guidelines do not provide much more discussion and ACOEM/MTUS does not discuss it under post-operative care. In this case, there is no indication that the patient has been certified for the requested cervical disk replacement. Therefore, the request is not medically necessary.

Bone Growth Stimulator/Fitting Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic neck pain. The request is for a bone growth simulator/fitting purchase. The progress reports provided for review does not discuss the requested Bone Growth Stimulator purchase. It appears the treating physician is requesting it for postoperative use. ODG guidelines states Bone Growth Stimulators are under study. ODG further states, "There is conflicting evidence, so case by case recommendations are necessary." For criteria the following are recommended per ODG: 1. One or more previous failed spinal fusion; 2. Grade III or worse spondyloisthesis, 3. Fusion to be performed at more than one level, 4. current smoking habit, 5. Renal disease, diabetes, alcoholism or 6. Significant osteoporosis." The bone stimulator is recommended by ODG when fusion is performed at more than one level. In this case, there is no indication that the patient has been certified for the requested cervical disk replacement and the patient does not meet any other criteria for its use. Therefore, the request is not medically necessary.