

Case Number:	CM14-0021530		
Date Assigned:	05/07/2014	Date of Injury:	10/02/2003
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in New York, New Hampshire, and Washington. 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:

Patient is a 58-year-old female with a date of injury of October 2, 2000 when she slipped and fell. She complains of chronic back pain. She is diagnosed with L4-5 and L5-S1 spondylolisthesis. She underwent anterior lumbar decompression and fusion in October 2012. She can still feel severe back pain and complains of chronic low back pain. A computed tomography (CT) scan of the lumbar spine from July 2013 documents solid fusion at L4-5 and L5-S1 with broken S1 screws. The patient has been treated with medications and he has had nighttime radiofrequency ablation. Patient also has chronic neck pain. She complains of pain in her neck and her left shoulder. Physical examination reveals mild weakness and numbness of the left C6 and C7. X-rays of the lumbar spine documents fusion. MRI the cervical spine reveals C6-7 disc space narrowing with disc bulge. There is a perineural cyst on the left side. Physical exam reveals decreased sensation in the left C7 motor exam was normal except for left C7-4 to C5. This is positive Spurling's test on the left. Anterior cervical discectomy and fusion (ACDF) has been recommended. At issue is whether other associated treatments and items with anterior cervical discectomy and fusion are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT/COLD CONTRAST THERAPY UNIT: 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 (Acute & Chronic), Procedure Summary: Hot/cold applications.

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

Decision rationale: Literature does not support the use of cold therapy at active cervical fusion surgery. No literature exists to support the use of hot cold therapy after anterior cervical discectomy and fusion (ACDF) surgery to improve outcomes.

CERVICAL COLLARS: 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 (Acute & Chronic), Procedure Summary: Cervical Collars.

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

Decision rationale: The use of a brace after anterior cervical discectomy and fusion single level with the plate is not medically necessary. There is no literature shows that a collar or brace improves functional outcomes after single level plate ACDF. The literature does not support the use of a collar after single level anterior cervical discectomy and fusion surgery. Guidelines are not met and therefore the request is not medically necessary.

MUSCLE STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

Decision rationale: The use of muscle or bone stimulation device after single level plate anterior cervical fusion surgery is not medically necessary. There is no literature that supports improve outcomes if the use of the device with single level plate anterior fusion cervical surgery. The device is not medically necessary. Guidelines are not met and therefore the request is not medically necessary.

CMF SPINALOGIC 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), Neck and Upper Back (Acute & Chronic), Procedure Summary: Bone Growth Stimulator (BGS).

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 Stimulator.

Decision rationale: Patient does not meet establish criteria for bone growth stimulator. The patient does have risk factors for nonunion. The patient does not have three levels to be fused. The patient does not have pain and pseudarthrosis. The device and necessary for single level uncomplicated ACDF plate fusion. The use of muscle or bone stimulation device after single level plate anterior cervical fusion surgery is not medically necessary. There is no literature that supports improve outcomes if the use of the device with single level plate anterior fusion cervical surgery. The device is not medically necessary. Guidelines are not met and therefore the request is not medically necessary.