

Case Number:	CM14-0021962		
Date Assigned:	05/09/2014	Date of Injury:	02/13/2012
Decision Date:	09/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 injured worker is a 51 year old male whose date of injury is 02/13/2012. The mechanism of injury is described as lifting baked goods. Progress report dated 08/20/13 indicates that he received a cervical spine injection on 08/08/13. He reported pain relief for one week. Diagnoses are herniated nucleus pulposus of the cervical spine with radiculopathy, trapezial myofasciitis, and stress and anxiety. The injured worker underwent cervical epidural steroid injection on 09/16/13 which provided one day of relief. Progress note dated 11/25/13 indicates that the injured worker continues to work regular duty. Orthopedic spine surgery consultation dated 12/23/13 indicates that the injured worker was recommended to undergo C5-6 and C6-7 anterior cervical discectomy and fusion with postoperative cold therapy unit and pneumatic compression device. The injured worker underwent lumbar medial branch blocks on 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE DME COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 Chapter, Cold packs.

Decision rationale: Based on the clinical information provided, the request for postoperative DME cold therapy unit is not recommended as medically necessary. A request for C5-6 and C6-7 anterior cervical discectomy and fusion has been certified. However, the Official Disability Guidelines note that continuous flow cryotherapy is not recommended in the neck.

POST OPERATIVE PNEUMATIC INTERMITTENT COMPRESSION DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous thrombosis.

Decision rationale: Based on the clinical information provided, the request for postoperative pneumatic intermittent compression device is not recommended as medically necessary. A request for C5-6 and C6-7 anterior cervical discectomy and fusion has been certified. There is no documentation of chronic venous insufficiency. There is no documentation of risk factors for the development of deep venous thrombosis. Therefore, the request is not in accordance with the Official Disability Guidelines.