

Case Number:	CM14-0023968		
Date Assigned:	05/12/2014	Date of Injury:	03/21/2011
Decision Date:	07/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 claimant has a reported industrial injury from 3/29/11. An exam note from 10/28/13 demonstrates complaints of neck pain with radiation down arm and shoulder. Exam demonstrates that the claimant is neurologically intact. An MRI from 7/30/13 demonstrates a large right sided C6/7 herniated disc. Exam note from 11/14/13 demonstrates request for anterior fusion C6/7.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE GROWTH STIMULATOR: 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 ODG, Low Back, Bone Growth Stimulator.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the spine. According to the ODG, it is under study. An alternative Guideline, the low back chapter was utilized. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at one level

and there is no high risk factors demonstrated in the records submitted. Therefore, the request is not medically necessary.

VASCUTHERM DVT WRAP: 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 ODG, Neck & Upper Back, Continuous Flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy for cervical spine surgery. The submitted documents do not demonstrate that the claimant is at increased risk of venous thrombosis to support the requested DME. In addition, according to the ODG Neck and Upper Back chapter, continuous flow cryotherapy is not recommended in the neck. Therefore the request for VascuTherm is not medically necessary and appropriate.