

Case Number:	CM14-0038981		
Date Assigned:	06/27/2014	Date of Injury:	08/11/2009
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Texas. 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 46-year-old female who reported an injury on 08/11/2009. The mechanism of injury was moving boxes of shipments to organize a stockroom. Prior treatments included an H-wave and transcutaneous electrical nerve stimulation as well as physical therapy. The injured worker underwent an anterior cervical decompression, instrumented fusion at C6-7, allograft bone, interbody cage, and anterior cervical plating was recommended. The injured worker underwent spinal surgery in 12/2013 and followed physical therapy visits. The examination of 02/03/2014 revealed the injured worker had pain radiating from her neck into the arms, right worse than left. The injured worker had normal reflex, sensory and power testing to the bilateral upper extremities and lower extremities, except for decreased strength and sensation at the right C7. The injured worker had a positive Spurling's sign bilaterally. The diagnoses included cervical and lumbar strain and a herniated nucleus pulposus at C6-7. The treatment plan included a possibility of an anterior cervical disc fusion at C6 and C7. The documentation indicated the request for the muscle stimulator and the cervical collar was for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent - Muscle 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- Neck and Upper Back (updated 12/16/2013) Electrical Stimulation (EMS).

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address electrical muscle stimulation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that electrical muscle stimulation is not recommended. There is limited evidence of no benefit from electrical muscle stimulation compared to sham control for pain and chronic mechanical disorders. There is a lack of documentation indicating the type of electrical muscle stimulation being requested. Additionally, it is not recommended for the neck and spine. There is a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There is a lack of documentation indicating the procedure had been approved. Additionally, there was a lack of documentation submitted per the request for the duration of use and whether the unit was for rental or purchase. Given the above, the request for urgent muscle stimulator is not medically necessary.

Urgent - Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Cervical Collar Post Operative, Fusion.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address postoperative use of cervical collars. The Official Disability Guidelines do not recommend a cervical collar postoperatively after a single level anterior fusion with plate. The clinical documentation indicated there was a request for an anterior cervical discectomy and fusion at C6-7. There was a lack of documentation indicating whether the anterior cervical discectomy and fusion was approved. Additionally, there was a lack of documentation per the submitted request for the duration of use. Given the above, the request for urgent cervical collar is not medically necessary.

Urgent - Soft Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Cervical Collar Post Operative, Fusion.

Decision rationale: The California MTUS/ACOEM Guidelines do not specifically address postoperative use of cervical collars. The Official Disability Guidelines do not recommend a

cervical collar postoperatively after a single level anterior fusion with plate. The clinical documentation indicated there was a request for an anterior cervical discectomy and fusion at C6-7. There was a lack of documentation indicating whether the anterior cervical discectomy and fusion was approved. Additionally, there was a lack of documentation per the submitted request for the duration of use. Given the above, the request for urgent soft collar is not medically necessary.

Urgent - Hot/Cold Contrast Therapy Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Continuous Flow Cryotherapy.

Decision rationale: The ACOEM Guidelines support the use of at home applications of hot/cold packs. The Official Disability Guidelines do not recommend continuous flow cryotherapy for the neck. There was a lack of documented exceptional factors to support the use of a hot/cold contrast unit versus application of at home hot/cold packs. The request as submitted failed to indicate whether the unit was for rental or purchase and the duration of use. Given the above, the request for urgent hot/cold contrast therapy unit is not medically necessary.