MAXIMUS Federal Services

Case Number:	CM14-0060454		
Date Assigned:	07/09/2014	Date of Injury:	10/27/2008
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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 53-year-old female who has submitted a claim for cervical disc displacement associated with an industrial injury date of October 27, 2008. The medical records from 2014 were reviewed. No progress reports or clinical evaluations were available. The patient complained of pain in the neck and bilateral shoulders. The physical examination full cervical spine motion but with pain and discomfort. There was decreased sensation and motor strength in the C5-6 and C6-7 distribution. Anterior cervical decompression and fusion at C5-7 levels was requested. MRI of the cervical spine, dated May 18, 2010, revealed disc bulge without evidence of central stenosis or neural foraminal narrowing at C4-5, moderate to severe bilateral neural foraminal narrowing secondary to a 2-3mm posterior disc bulge and uncovertebral osteophyte formation at C5-6, and moderate to severe left and moderate right neural foraminal narrowing secondary to a 2-3mm posterior disc bulge and uncovertebral osteophyte formation at C6-7. The treatment to date has included medicated lotions, compound creams, Prilosec, Tramadol, Zyloprim, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Neck Cervical Collar, Post Operative (Fusion).

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, Collars (cervical).

Decision rationale: The CA MTUS does not address this topic. Per the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to the ODG, cervical collars are not recommended for neck sprains. They may be appropriate where postoperative and fracture indications exist. The cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck. In this case, the patient is for anterior cervical decompression and fusion at C5-7 levels pending authorization. The requested surgery has not been approved as of this time. Furthermore, the most recent dated information about the patient was dated July 26, 2011. The clinical functional status of the patient is unknown. Therefore, the request for a cervical collar is not medically necessary.

8 Post-Operative Physical Therapy Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated on Post-Surgical Treatment Guidelines, physical therapy is recommended for 16 visits over 8 weeks for status post cervical discectomy/ laminectomy patients. In this case, patient is pending authorization for anterior cervical decompression and fusion at C5-7 levels. Even though the requested number of visits is within the guidelines recommendations, the surgical procedure has not been approved yet. Furthermore, the present request failed to specify the body part to be treated. Moreover, the most recent dated information about the patient was dated July 26, 2011. The clinical functional status of the patient is unknown. Therefore, the request for 8 post-operative physical therapy visits is not medically necessary.

30 Days Rental of Cold Therapy Unit: 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 Official Disability Guidelines (ODG), Neck & Upper Back, Continuous-flow cryotherapyOther Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The CA MTUS does not specifically address cold therapy units. Per the strength of evidence hierarchy established by the California Department of Industrial Relations,

Division of Workers' Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of hot/ice machines and similar devices experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In addition, the ODG states that continuous flow cryotherapy is not recommended in the neck. Postoperative use generally may be up to 7 days, including home use. In this case, patient is pending authorization for anterior cervical decompression and fusion at C5-7 levels. The requested surgery has not been approved as of this time. There was no discussion regarding the indication for a cold therapy unit despite it being experimental and investigational. Furthermore, it is unclear why regular ice bags/packs will not suffice. The specific body part to be treated and the duration of use were not mentioned in the request as well. In addition, the most recent dated information about the patient was dated July 26, 2011. The clinical functional status of the patient is unknown. Therefore, the request for 30 Days Rental of Cold Therapy Unit is not medically necessary.

1 Bone Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Neck Cervical Collar, Post Operative (Fusion).

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 chapter, Bone growth stimulators (BGS).

Decision rationale: The CA MTUS does not specifically address this issue. The ODG states that use of bone growth stimulators are under study. The criteria for bone growth stimulators include certain risk factors for failed fusion, such as multilevel fusion, smoking habit, or previous failed fusion. In this case, the patient is still pending authorization for anterior cervical decompression and fusion at C5-7 levels. Furthermore, the present request failed to specify the body part to be treated. In addition, the most recent dated information about the patient was dated July 26, 2011. The clinical functional status of the patient is unknown. Therefore, the request for a bone stimulator is not medically necessary.