

Case Number:	CM14-0071911		
Date Assigned:	07/16/2014	Date of Injury:	09/07/2012
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; consultation with a spine surgeon, who recommended a single-level C5-C6 spinal fusion surgery; and extensive periods of time off of work. In a May 5, 2014 progress note, the claims administrator denied a request for a Q-Tech cold therapy recovery system over a span of three months, denied a DVT prevention system, denied a rigid cervical collar, denied a soft cervical collar. A variety of MTUS and non-MTUS Guidelines were invoked. The claims administrator did state that the cervical fusion surgery had been deemed medically necessary, it is incidentally noted. The applicant's attorney subsequently appealed. In a June 2, 2014 progress note, the applicant was described as having persistent complaints of neck pain. The applicant apparently underwent a cervical discectomy and fusion surgery on April 17, 2014, it was stated. The applicant's motor function about the bilateral upper extremities was described as grossly intact. Topical compounds and Ultracet were endorsed while the applicant was placed off of work, on total temporary disability. In a March 17, 2014 progress note, the applicant reported persistent complaints of neck pain which had apparently proven recalcitrant to epidural steroid injection therapy. Authorization for a cervical fusion surgery at C5-C6 was sought while the applicant was placed off of work, on total temporary disability. In a history and physical dated January 14, 2014, the applicant was described as having issues with asthma and obesity. The applicant's weight was 350 pounds, it was stated. The applicant was in the process of pursuing cervical epidural steroid injection therapy, it was stated. There was no history of diabetes, although the attending provider stated that the applicant had a history of asthma. In a March 10,

2014 progress note, the applicant was described as using Proventil, Dulera, cyclobenzaprine, and Ultracet. The applicant had history of asthma, two epidural steroid injections, hysterectomy, and a C-section, it was stated. The applicant had quit smoking in 1996, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Q Tech cold therapy recovery system with wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Cervical Thoracic Spine Chapter, Cryotherapy Section.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-5, page 102, at-home local applications of heat and cold are recommended as methods of symptom control for neck and upper back complaints. By implication, then, the advance cold therapy recovery system with wrap, a high-tech form of delivering cryotherapy, was not indicated. It is further noted that the Third Edition ACOEM Guidelines also state that usage of high-tech devices to deliver cryotherapy for neck and upper back pain are not recommended. The attending provider did not proffer any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable ACOEM positions on the device in question. Therefore, the request was not medically necessary.

1 Q-Tech DVT (Deep Vein Thrombosis) prevention system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thromboembolic Prophylaxis for Adult Hospitalized Patients Recommendation Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention of Venous Thromboembolism in Surgical Patients, Giancarlo Agnelli, Circulation. 2004;110:IV-4-IV-12 doi: 10.1161/01.CIR.0000150639.98514.6c.

Decision rationale: The MTUS does not address the topic. As noted by the Journal of the American Heart Association's prevention of venous thromboembolism in surgical patients review article, early and persistent mobilization is recommended in applicants undergoing elective spine surgery, as transpired here. The applicant underwent single-level spinal fusion surgery at C5-C6. Pneumatic compression devices such as the Q-Tech DVT prevention system at issue here may be useful in applicants with additional risk factors, it is further noted. In this case, however, it was not stated what risk factors compelled provision of the device in question. The applicant had no history of cancer, prior DVT, prior pulmonary embolus, etc. which would

have compelled provision of the device in question. The applicant's only known medical problem was asthma, it was stated. Therefore, the request was not medically necessary.

1 Olympia rigid cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181 174.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does support provision of a collar or brace in applicants with central cord compression for stabilization purpose until emergent surgery is performed, in this case, however, the applicant underwent an elective cervical spine surgery. There is no evidence that the applicant had any red flag issues such as central cord compression which would have supported provision of the collar in question, particularly in light of the fact that the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181 state that provision of a cervical collar for more than one to two days is "not recommended." The attending provider did not set forth any basis or rationale for immobilizing the applicant postoperatively. Therefore, the request was not medically necessary.

1 Olympia soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181 175.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, usage of a cervical collar for more than one to two days is "not recommended." In this case, the applicant underwent an elective cervical spine surgery. There was no evidence of any condition or conditions present which would have supported immobilization of the applicant via the cervical collar in question, particularly in light of the fact the MTUS Guideline in ACOEM Chapter 8, page 175 supports maximizing rather than minimizing activities. Provision of the cervical collar, then, ran counter to ACOEM parameters and principles. Therefore, the request was not medically necessary.