

<b>Case Number:</b>	CM14-0087670		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Physical Medicine and Rehabilitation. 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 56 year old male who was injured on 04/16/2012. While driving his work vehicle, his car was rear-ended. Prior treatment history includes cervical epidural injection, cervical facet blocks and Norco. Office visit note dated 07/10/2013 indicated the patient returned for follow-up and was to discuss surgery. The patient was noted to have degenerative disc disease at C4-C5, C5-C6 and C6-C7 levels on magnetic resonance imaging (MRI) of the cervical spine. He was diagnosed with chronic cervical pain, cervical radiculopathy, and cervical disc disease and stenosis. An anterior cervical discectomy and spinal fusion at C4, C5, C5-6 and C6-7 was recommended. On 7/15/2013, the patient underwent an anterior cervical discectomy and spinal cord decompression at C4-C7; anterior cervical fusion at C4-C7; Placement of anterior hardware and placement of intervertebral biomechanical device at C4-C7 on 07/15/2013. Diagnostic studies were reviewed. Utilization review dated 06/06/2014 stated the request for retrospective clearance for a Compression cold therapy unit per post op day 30 was modified to certify to compression cold therapy unit per post op day #7. Request for front wheel walker was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compression cold therapy unit per post op day 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- 17th edition web 2012 Cervical Spine-Continuous Flow Cryotherapy<http://www.odg-twc.com/index.html?odgtwc/neck.hcm>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Cold packs.

**Decision rationale:** As per American College of Occupational and Environmental Medicine (ACOEM), cold packs during first few days of acute complaints. While continuous flow cryotherapy is recommended post-operatively in some instances by the Official Disability Guidelines (ODG), such as for surgeries involving the knee or shoulder for 7-days post-operatively, in the Neck and Upper Back chapter the ODG notes that continuous-flow cryotherapy is Not recommended in the neck. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary for the duration requested.

**Front wheel walker:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-19th edition web Knee section-Walking Aids (Canes,Crutches,Braces,Orthoses, & Walkers).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee & Leg>, Walking Aids Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines do not discuss the issue in dispute. While The Official Disability Guidelines (ODG) do not address walking aids in relation to surgery involving the cervical spine directly, (ODG), does note that walking aids can be a simple and effective intervention strategy for reduction in pain in individuals with knee and hip OA, as it results in a decreased load to painful areas. There is evidence to demonstrate that post-operative can be a significant issue in individuals who have had autologous harvesting of bone from their iliac crest to serve as graft material in spinal fusion (Schwartz et al. noted above). According to the National Spinal Cord Injury Statistical Center, falls are the second leading cause of spinal cord injury in the US. Given the high preponderance of pain following iliac crest bone harvesting, the effectiveness of walking aids on reducing load on painful lower extremities, and the risk of injury to the spine if a fall were to occur in a patient following an Anterior Cervical Discectomy and Fusion, the request for a front-wheel walker is determined to be medically necessary.