

Case Number:	CM14-0094680		
Date Assigned:	07/25/2014	Date of Injury:	09/30/2008
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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:

Patient is a 45 year-old female with date of injury 09/30/2008. The medical document associated with the request for authorization, a primary treating physician's supplemental progress report, dated 06/17/2014, lists subjective complaints as severe neck pain radiating mainly to the right hand. Objective findings: Examination of the right hand revealed the patient had strength of 3/5 of the right finger flexors and intrinsic muscles of the right hand. There was sensory loss to light touch, pinprick, and two-point discrimination in the first, fourth, and fifth fingers. Deep tendon reflexes were symmetric. Patient limps with the right leg. Diagnosis: 1. Cervical myelopathy secondary to spinal cord compression by a disc herniation at C4-5, 2. Right thoracic outlet syndrome with compression of the right medial nerve and, 3. Right piriformis syndrome. Patient is status post right shoulder subacromial decompression (June 2011) and status post right elbow arthrotomy (June 2012) Patient underwent an MRI of the cervical spine on 11/02/2012, which was notable for loss of intervertebral disc height at C4-5, C5-6 and C6-7, with loss of cervical spine lordosis, due to muscle spasm. An EMG/NCV was performed on 05/23/2012 and was unremarkable. The patient was scheduled to undergo a C4-5 anterior cervical discectomy with fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) Bone Growth Stimulator-Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Current Edition (Web), current year, Neck, Low Back.

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 (Acute & Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

Decision rationale: According to the Official Disability Guidelines, there is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at high risk, but this has not been convincingly demonstrated. There is no documentation that the patient has the criteria for use of invasive or noninvasive electrical bone growth stimulators listed in the ODG. The request is not medically necessary.

**Durable Medical Equipment (DME) DVT (Deep Vein Thrombosis) Prophylaxis:
Vasutherm -30 day rental: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Current Edition (Web), current year, Knee: Venous thrombosis.

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 (Acute & Chronic), Cold packs.

Decision rationale: The Vasutherm is a localized compression and hot/cold therapy device. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. The request does not meet ODG guidelines criteria and is therefore not medically necessary.