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| Case Number: | CM14-0168811 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 03/30/2012 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Minnesota. 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 50 year old right hand dominant female who was injured on 3/20/2012. She has neck pain radiating down the right upper extremity with paresthesias and occasional numbness in the lateral forearm and the right hand worse in the thumb. An MRI scan of the cervical spine dated 3/26/2014 revealed posterior osteophytic ridging with disc material 3mm prominent to the right along with hypertrophic changes at C5-6 causing effacement of anterior thecal sac and moderate right neuroforaminal stenosis. She failed conservative treatment and epidural steroid injections. She is certified by UR for an anterior cervical discectomy and fusion. The disputed issues include the length of hospital stay, use of Minerva and Miami cervical collars, and a bone growth stimulator. UR certified 1 day in-patient hospital stay and non-certified the cervical collars, and bone growth stimulator. The injured worker does not smoke and does not have diabetes, renal failure, osteoporosis, instability, alcoholism, or other risk factors necessitating the use of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 days IP stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Upper Back & Neck Procedure Summary last updated 08/04/2014 ; ODG hospital length of stay (LOS) guidelines:
Discectomy/Corpectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck, Topic: Hospital length of stay.

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate the best practice target with no complications is 1 day for anterior cervical discectomy and fusion and the same for a simple discectomy. Therefore in the absence of complications, the request for a 3 day hospital stay is not supported by guidelines and as such is not medically necessary.

Cervical collar (Minerva mini collar #1, Miami J collar with thoracic extension #1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Upper Back & Neck Procedure Summary last updated 08/04/2014 ; regarding cervical collar for post-operative use. ODG-TWC Upper Back & Neck Procedure Summary last updated 08/04/2014 ; regarding cervical collar/back brace. ACOEM guidelines, table 8-5 Pages: 174

MAXIMUS 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 (ODG), Section: Neck and upper back, Topic: Cervical collar- post-operative (fusion).

Decision rationale: California MTUS guidelines group the use of cervical collars under the minimally effective or ineffective category. No lasting benefit is documented and early motion is encouraged to prevent weakness. However, the guidelines do not mention post-operative use. ODG guidelines do not recommend collars or braces after a single level anterior cervical discectomy and fusion. This recommendation is specific for the particular use requested. Therefore the request for the Minerva and Miami collars is stated is not medically necessary.

Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Upper Back & Neck Procedure Summary last updated 08/04/2014; regarding bone -growth stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck, Topic: Bone growth stimulator.

Decision rationale: California MTUS does not address this issue. ODG guidelines indicate conflicting evidence of the usefulness of bone growth stimulators. They are indicated in high risk cases such as revision pseudarthrosis, instability, and a history of smoking. Other risk factors are diabetes, renal disease, alcoholism, and significant osteoporosis. In the absence of risk factors it is not indicated in a single level anterior cervical discectomy and fusion. Therefore the request is not medically necessary.