

<b>Case Number:</b>	CM14-0176508		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	10/09/2008
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62-year-old female with a work related injury dated October 9, 2008. At the physician's visit dated September 10, 2014 reflected that the worker was experiencing progressively worsening pain. Pain was described as low back pain that radiated to the left side of the buttocks and left calf with spasms. There was also neck pain that was severe, constant and was accompanied by headaches and migraines. Associated symptoms included numbness and tingling in the toes and legs falling asleep while driving. Physical exam was remarkable for decreased light touch sensation in the entire left arm, right dorsal forearm and hand. The worker was tearful, depressed but in no acute distress. There was tenderness to palpation over the bilateral trapezia and cervical range of motion moderately restricted with pain in all planes. The worker was wearing a soft cervical brace that was removed for exam. Her gait was slow and guarded, lumbar range of motion was moderately restricted with pain in all planes. Ambulation was slow, guarded and assisted with a cane. Diagnoses at this visit included cervical spondylosis with stenosis at the C4-C7 with radiculopathy, lumbar spondylosis with disc protrusions at L4-L5 and L5-S1 without stenosis and scoliosis. At this visit plan of treatment requested an anterior cervical discectomy and fusion at the C4-C5 and C5-C6, a lumbar corset replacement, a lumbar epidural steroid injection, a psychiatric consultation and pain management consultation. The utilization review decision dated October 10, 2014 non-certified a request for Spinalogic Bone Growth Stimulator. The rationale for this decision was based on the ODG, Neck and Upper Back Chapter. Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for the following risk

factors: One or more failed spinal fusion procedures, grade III or worse spondylolisthesis, fusion on one or more levels, current smoking habit, diabetes, renal disease, alcoholism or significant osteoporosis. The bone growth stimulator was not medically necessary because the documentation did not identify any post-operative risk factors that would support the use of bone growth stimulators.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Anti Embolism Stockings, quantity 2: 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) Knee and Leg Chapter, Compression Garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians (ACCP) Antithrombotic Therapy and Prevention of Thrombosis, 9th edition: CHEST Evidence-Based Clinical Practice Guidelines. Chest. 2012 Feb;141(2 Suppl):7S-47S. doi: 10.1378/chest.1412S3. [http://journal.publications.chestnet.org/data/Journals/CHEST/23443/chest\\_141\\_2\\_suppl\\_7S.pdf](http://journal.publications.chestnet.org/data/Journals/CHEST/23443/chest_141_2_suppl_7S.pdf)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address deep vein thrombosis DVT prophylaxis. American College of Chest Physicians (ACCP) antithrombotic therapy and prevention of thrombosis clinical practice guidelines (2012) indicated that for general surgery patients at very low risk for VTE venous thromboembolism, no specific pharmacologic or mechanical prophylaxis be used. The primary treating physician's progress report dated September 10, 2014 did not document a history or risk factors for VTE venous thromboembolism. There was no documentation of edema, deep vein thrombosis, leg ulcers, or lymphedema. The request for anti-embolism stockings is not supported by American College of Chest Physicians (ACCP) guidelines. Therefore, the request for anti-embolism stockings is not medically necessary.

#### **Vista Cervical Collar: 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) Neck and Upper Back, Collars (Cervical)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 181.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cervical collars. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints indicates that cervical collar more than 1 or 2 day is not recommended. Miscellaneous therapies have been evaluated and found to

be ineffective or minimally effective. Cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases. In fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual preinjury activities. The primary treating physician's progress report dated September 10, 2014 documented that cervical range of motion was moderately restricted with pain in all planes. Motor function of the upper and lower extremities was intact. There was no evidence of torticollis or deformity. The diagnosis was cervical spondylosis with stenosis C4-C7 with radiculopathy. The date of injury was October 9, 2008. ACOEM and MTUS guidelines do not support the use of cervical collars. Therefore, the request for a Vista cervical collar is not medically necessary.