

<b>Case Number:</b>	CM14-0193329		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Spine Surgeon 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 injured worker is a 52-year-old female who reported an injury on 01/28/2013. The mechanism of injury was not provided. Her diagnoses were noted as disc disorder, cervical and cervicalgia. Past treatments included medications, physical therapy, and chiropractic therapy. Her surgical history included an unspecified right knee surgery. On 10/22/2014, the injured worker complained of stress and pain from her orthopedic injuries causing her blood pressure to be elevated. Physical examination revealed no abnormal findings other than hypertension. Current medications were noted to include amlodipine 10mg taken once a day, Sumatriptan 20mg taken four times a day, omeprazole 20mg taken once a week as needed, naproxen (dosage not provided) taken as needed and ondansetron 8mg taken as needed. The treatment plan included a refill of medications. A request was received for an associated surgical service: Minerva mini collar #1 and Miami J collar with thoracic extension #1 and a bone stimulator purchase. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Minerva mini collar #1 and 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 Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Cervical Collar, post operative (fusion)

**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, Collars (cervical).

**Decision rationale:** The request for associated surgical services: Minerva mini collar #1 and Miami J collar with thoracic extension # 1 is not medically necessary. The Official Disability Guidelines state that cervical collars are not recommended for neck sprains and are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck. Clinical notes indicate the injured worker complained of pain in the neck. However, there is no indication of past or future neck surgery or evidence that the injured working had suffered an emergent trauma warranting the need for a cervical collar. As the guidelines do not recommend cervical collars unless there has been a surgical procedure or suspected trauma in an emergent setting, the request is not supported. Therefore, the request is not medically necessary.

**Associated Surgical Services: Bone 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) Bone Growth Stimulator (BGS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Bone Growth Stimulator

**Decision rationale:** The request for associated surgical services: bone stimulator, purchase is not medically necessary. Official Disability Guidelines state that bone growth stimulators are recommended in cases where 1 or more previous spinal fusions have failed; grade 3 or worse spondylolisthesis; fusion is to be performed at more than 1 level; or that the patient has a current smoking habit, diabetes, renal disease, or alcoholism. Clinical notes indicate the injured worker was diagnosed with cervical disc disorder and cervicgia. However, there is no documentation to indicate there have been previous or indications of future spinal fusions or evidence of spondylolisthesis. In the absence of appropriate documentation to indicate the criteria for bone growth stimulator was met, the request is not supported. Therefore, the request is not medically necessary.