

Case Number:	CM14-0208619		
Date Assigned:	12/22/2014	Date of Injury:	02/20/2007
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehabilitation 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 patient is a 51 year old male with date of injury 2/20/07. The treating physician report dated 11/12/14 indicates that the patient presents with neck pain, back pain, headaches and radiating pain into the right hand with numbness affecting the thumb. The patient is status post cervical spine surgery on 12/5/13. The physical examination findings reveal decreased cervical ranges of motion, tenderness to palpation, positive compression test and muscle spasms are noted. Cervical x-ray dated 3/3/14 shows C4/5 ACDF and interbody fusion at C5/6 with posterior hardware. MRI findings dated 5/8/13 reveal disc protrusion at C4/5. The current diagnoses are: 1.Cervical DDD2.Cervical disc protrusion3.Cervical radiculopathy4.Cervical stenosisThe utilization review report dated 11/14/14 denied the request for DME: 14 day rental / purchase of a cold therapy unit for cervical spine, DME: 3 month rental of a TENS unit plus electrodes and batteries x 3 month supply for cervical spine, DME: Wrap medically for the cervical spine, DME: Cervical collar for cervical spine and DME: Donut cushion for cervical spine based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: 14 day rental / purchase of a cold therapy unit for cervical spine.: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online spine Cold/heat packs; shoulder continuous flow cryotherapy

Decision rationale: The patient presents with chronic neck pain with right arm pain and paresthesia following cervical fusion at C4-C6 on 12/5/13. The current request is for DME: 14 day rental / purchase of a cold therapy unit for cervical spine. The treating physician report requesting this unit is not found in the 1042 pages of medical records provided. The RFA dated 10/24/14 (1013) states that the request is due to cervical disc displacement. The MTUS and ACOEM guidelines do not discuss cold/hot therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." ODG does not recommend continuous-flow cryotherapy for nonsurgical treatment. ODG also states regarding cold packs, "There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function." There is no indication of recent or projected surgery. The requested 14 day cold therapy unit is not medically necessary, and the recommendation is for denial.

DME: 3 month rental of a TENS unit plus electrodes and batteries x 3 month supply for cervical spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with chronic neck pain with right arm pain and paresthesia following cervical fusion at C4-C6 on 12/5/13. The current request is for DME: 3 month rental of a TENS unit plus electrodes and batteries x 3 month supply for cervical spine. The treating physician report requesting this unit is not found in the 1042 pages of medical records provided. The RFA dated 10/24/14 (1013) states that the request is due to cervical disc displacement. The utilization review report dated 11/14/14 modified the request from 3 months to 1 month authorization based on the MTUS guidelines. The MTUS Guidelines do support a 30 day trial of TENS for neuropathic pain. In this case, the treating physician has requested a 3 month rental which is not supported by MTUS. While this patient may require a trial the requested 3 month time frame exceeds the MTUS recommendation. Recommendation is for denial.

DME: Wrap medically for the cervical spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online spine Cold/heat packs; Shoulder continuous flow cryotherapy

Decision rationale: The patient presents with chronic neck pain with right arm pain and paresthesia following cervical fusion at C4-C6 on 12/5/13. The current request is for DME: Wrap medically for the cervical spine. The treating physician report requesting this unit is not found in the 1042 pages of medical records provided. The RFA dated 10/24/14 (1013) states that the request is due to cervical disc displacement. Regarding cryotherapy, MTUS is silent, however, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the requested 14 day rental/purchase of a cold therapy unit was not medically necessary as there is no recent surgery documented, the request is for 14 days rather than 7 days and cold therapy for the cervical spine is not recommended. The DME wrap for the cervical spine is therefore not medically necessary. Recommendation is for denial.

DME: Cervical collar for cervical spine.: 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)

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) Neck and Upper Back chapter: Cervical Collar

Decision rationale: The patient presents with chronic neck pain with right arm pain and paresthesia following cervical fusion at C4-C6 on 12/5/13. The current request is for DME: Cervical collar for cervical spine and DME. The treating physician report requesting this unit is not found in the 1042 pages of medical records provided. The RFA dated 10/24/14 (1013) states that the request is due to cervical disc displacement. ACOEM chapter 8, Page 175 for Cervical Collars states, "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, 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. Regarding cervical collars, the ODG Guidelines under its neck and upper back chapters states, "Maybe appropriate where post-operative and fracture indications exist." In this case, the ACOEM guidelines do not support cervical collars and ODG states it may be appropriate for post-operative use or when there is a fracture. This patient is not in a post-operative state and there is no concern documentation of potential fracture. The requested cervical collar is not medically necessary and the recommendation is for denial.

DME: Donut cushion for cervical spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter: Ergonomic interventions

Decision rationale: The patient presents with chronic neck pain with right arm pain and paresthesia following cervical fusion at C4-C6 on 12/5/13. The current request is for Donut cushion for cervical spine. The treating physician report requesting this unit is not found in the 1042 pages of medical records provided. The RFA dated 10/24/14 (1013) states that the request is due to cervical disc displacement. The MTUS guidelines do not address donut cushions. The ODG guidelines for Ergonomic interventions state, "Recommended as an option as part of a return-to-work program for injured workers. But there is conflicting evidence for prevention, so case by case recommendations are necessary (some literature support in low back though conflicting evidence, lack of risk)." In this case, there is no documentation regarding the patient participating in a return-to-work program, there is no medical rationale provided to support a donut seat cushion for a cervical injury and there is no documentation found that could provide anything to help support this request. The current request is not medically necessary and the recommendation is for denial.