

Case Number:	CM15-0001254		
Date Assigned:	01/12/2015	Date of Injury:	06/19/1989
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 60 year old female retired police detective sustained a low back injury on June 19, 1989. She had reported low back pain and subsequently underwent a lumbar discectomy, L4-5 laminectomy in 1993. In 1994 she underwent a breast augmentation which was removed in 2004. On 07/11/2007 she underwent an anterior inner body fusion at L4-5,L5-S1. In 2003 she continued with low back pain and in 2004 received bilateral lumbar facet blocks at L4-5. On April 9 2010 she reported a neck injury from holding her neck in a fixed position while she was typing. In 2010 her neck pain continued and she was advised to stop wearing her [REDACTED] belt and tactical gear. She received chiropractic referrals. Examination on 12/8/2011 noted a full range of motion of her neck, no upper extremity complaints and no evidence of a radiculopathy. The PR2 of 12/8/2011 noted her cervical MRI showed a 2 mm right osteophyte with minimal lateral recess compromise at C5-6 and similar findings at C6-7. No canal or foraminal stenosis was noted and the examiner found no compelling findings to indicate spinal cord compromise. He noted she did not need an operation. Her diagnoses have included status post lumbar spine surgery and cervical spine myligamentous sprain/strain with radicular complaints. Treatment to date has included pain medication, physical therapy, chiropractic therapy and steroid injections. An MRI of the cervical spine on 3/7/2014 revealed multi-level cervical spondylosis. At the C6-C7 level, spondylitic changes result in severe central canal and at least moderate bilateral neural foraminal narrowing. At C5-C6, there is severe right and moderate left neural foraminal narrowing. Currently, the injured worker complains of low back pain with radiation of pain to her legs. She reported constant moderate to severe neck pain with radiation of pain to her

bilateral arms. The injured worker reported 50% of improvement following a steroid injection for the cervical spine. On examination, the injured worker had tenderness to palpation of the par cervical and trapezial musculature. The evaluating physician recommended anterior cervical disc fusion of C6-C7. On December 10, 2014 Utilization Review non-certified a request for cervical soft collar brace, one bone stimulator, one pre-operative medical clearance and one month post-operative cryotherapy noting that the guidelines do not recommend the use of cervical collars after single-level cervical fusion or the use of cryotherapy for the neck the use of bone growth stimulator. In addition the guidelines state that immediate pre-operative clearance is included in the value of the surgical procedure. The MTUS, ACOEM Guidelines and Official Disability Guidelines were cited. On January 5, 2015, the injured worker submitted an application for cervical soft collar brace, one bone stimulator, one pre-operative medical clearance and one month post-operative cryotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: 1 cervical soft collar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Cervical collar, post operative (fusion)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter-cervical collar

Decision rationale: According to ODG guidelines application of a cervical collar is not needed following a single level cervical fusion. There is no scientific information on the benefit of bracing improving the rates of fusion following instrumentation for degenerative disease. Documentation is not supplied as to exceptions to the guidelines for this worker. Therefore, the associated surgical services : i cervical soft collar brace is not needed.

Associated surgical services: 1 month post-op cryotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter (continuous flow cryotherapy)

Decision rationale: According to ODG guidelines continuous flow cryotherapy is not recommended. Documentation does not contain a rationale as to why guidelines should not be followed in the management of this worker.

Associated surgical services: 1 Bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic (Acute & Chronic and Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter Bone Growth Stimulator

Decision rationale: ODG guidelines indicate that the use of bone growth stimulators is under investigation. There is presently conflicting evidence as to the benefits of their use. Documentation shows a stimulator for this worker does not meet criteria proposed by the guidelines, namely presence of significant osteoporosis, a grade 3 spondylolisthesis, or previously failed fusions or multiple levels to be fused. Thus the associated surgical services of 1 one bone stimulator is not medically necessary or appropriate.

Associated surgical services: 1 pre-op medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spinal Fusion (Preop ECG and general labs)

Decision rationale: While ODG guidelines do not advise a preoperative electrocardiogram unless the worker is undergoing high risk surgery, the guidelines do advise tests when there are additional risk factors are possible. In 2012-13 the worker had a Holter monitor and echocardiogram because of possible arrhythmia and hypertension. The PR2 of 06/19/2012 had noted her stepson who was a paramedic had checked her blood pressure and it had always been normal but cardiology consultation advised further tests. Pre-operative clearance in light of this history is prudent.