

Case Number:	CM15-0013310		
Date Assigned:	03/11/2015	Date of Injury:	11/28/2008
Decision Date:	05/01/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female injured worker suffered an industrial injury on 11/28/2008. The diagnoses were complex chronic pain syndrome, cervical spine fusion, sleep deprivations, stress, anxiety and depression. The diagnostics included cervical and lumbar magnetic resonance imaging with 3-D myelogram and electromyography/nerve conduction velocity. The injured worker had been treated with physical therapy, cervical fusion and medications. On 12/23/2014 the treating provider reported she had cervical spine surgery and continues to suffer. The AME indicated the injured worker was a candidate for another cervical fusion which has been scheduled. There was restricted cervical range of motion with tenderness and spasms. The treatment plan included post-operative Bone growth stimulator and Cervical Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth stimulation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): <http://www.odg-twc.com>, regarding bone growth stimulators: Under study, see low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Neck & Upper Back Chapter, under Bone-growth stimulators (BGS), Low Back Chapter under Bone growth stimulators (BGS).

Decision rationale: The patient presents with neck pain radiating into the left shoulder and arm, upper to mid back pain, and low back pain. The request is for BONE GROWTH STIMULATION. Patient is status post cervical spine surgery, date unspecified. Physical examination to the cervical spine on 12/17/14 revealed tenderness to palpation over the C6-7 area. Patient's diagnosis, per 01/16/15 progress report include status post anterior cervical fusion and discectomy with retained anterior cervical plate C5-6, cervical spondylosis C3-4, C4-5, and C6-7, primarily symptomatic at C6-7, and degenerative disc disease with associated facet arthropathy L4-5 and L5-S1. Per 12/23/14 progress report, patient is temporarily totally disabled until 02/22/15. ODG Guidelines, Neck & Upper Back Chapter, under Bone-growth stimulators (BGS) has the following: "Under study. See the Low Back Chapter for more information about use in spinal fusion. ODG Guidelines, Low Back Chapter under Bone growth stimulators (BGS)states: "Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003)". The treater does not discuss this request. The patient is being scheduled to undergo removal of the plate at C6-7 with revision fusion/discectomy at C6-7, with bone graft. It would appear that the patient is to undergo revision surgery at C6-7, for a presumed pseudarthrosis, a failed fusion. ODG supports the use of bone growth stimulator for failed spinal fusion. The request IS medically necessary.

Cervical 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 (ODG) Guidelines, Cervical collar, post operative (fusion).

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, Neck and Upper Back Chapter, under Cervical Collar.

Decision rationale: The patient presents with neck pain radiating into the left shoulder and arm, upper to mid back pain, and low back pain. The request is for CERVICAL BRACE. Patient is status post cervical spine surgery, date unspecified. Physical examination to the cervical spine on 12/17/14 revealed tenderness to palpation over the C6-7 area. Patient's diagnosis, per 01/16/15 progress report include status post anterior cervical fusion and discectomy with retained anterior cervical plate C5-6, cervical spondylosis C3-4, C4-5, and C6-7, primarily symptomatic at C6-7,

and degenerative disc disease with associated facet arthropathy L4-5 and L5-S1. Per 12/23/14 progress report, patient is temporarily totally disabled until 02/22/15. The ACOEM chapter 8 page 175 states, Cervical collars: Initial care 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 clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars in prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury activities." Regarding cervical collars, the ODG Guidelines, Neck and Upper Back Chapter, under Cervical Collar states, "Maybe appropriate where post-operative and fracture indications exist." The treater does not discuss this request. Patient's diagnosis include status post anterior cervical fusion and discectomy with retained anterior cervical plate C5-6, cervical spondylosis C3-4, C4-5, and C6-7, primarily symptomatic at C6-7, and degenerative disc disease with associated facet arthropathy L4-5 and L5-S1. ACOEM guidelines do not support cervical collars and ODG states it may be appropriate for post-operative use or when there is a fracture. The patient is not within post-operative time frame and there is no indication of a fracture. Therefore, the request IS NOT medically necessary.