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| Case Number: | CM15-0132122 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 08/26/2014 |
| Decision Date: | 08/14/2015 | UR Denial Date: | 07/01/2015 |
| Priority: | Standard | Application Received: | 07/08/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 injured worker is a 46 year old male who sustained an industrial injury on 8/26/14. Injury occurred when he was fighting a suspect who was under the influence of drugs, and placing him in the police car. Conservative treatment included activity modification, medications, physical therapy, and epidural steroid injection. The 12/30/14 cervical spine MRI documented mild discogenic changes at C4/5 and C5/6 without evidence of cord or neuroforaminal compromise. There was a small right paracentral C6/7 disc protrusion that did not appear to contact the cord or compromise the neural foramen. The 6/19/15 treating physician report cited worsening neck pain radiating into the shoulder and upper arm. Physical exam documented left finger extensor weakness, diminished left hand sensation, and symmetrical deep tendon reflexes. Authorization was requested for a C5/6 anterior cervical discectomy and fusion (ACDF) with instrumentation, intervertebral biomechanical device, allograft, and fluoroscopy with intraoperative spinal cord monitoring and assistant surgeon. Authorization was also requested for purchase of a cervical collar with pad, hot/cold therapy unit, and cervical spine wrap. The 7/1/15 utilization review certified the request for the C5/6 ACDF procedure with intraoperative spinal cord monitoring and assistant surgeon. The request for cervical collar was non-certified as the injured worker was undergoing a single level fusion which did not meet guideline criteria. The request for a hot/cold therapy unit with wrap and pad was not medically necessary as a hot/cold therapy unit was not recommended following cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: cervical collar with pad, purchase: Overturned

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, Back brace, 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 California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. Therefore, this request is medically necessary.

Associated surgical service: hot/cold therapy unit, purchase, 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, Neck and Upper Back, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Continuous flow cryotherapy; Heat/cold applications.

Decision rationale: The California MTUS are silent regarding hot/cold therapy devices, but recommend at home applications of hot or cold packs. The Official Disability Guidelines do not recommend the use of continuous flow cryotherapy in the neck. Guidelines recommend heat and cold applications using heat and cold packs. Guideline criteria have not been met. There is no compelling rationale presented to support the medical necessity of a hot/cold therapy unit over standard heat/cold packs. Therefore, this request is not medically necessary.

Associated surgical service: wrap, purchase, 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, Neck and Upper Back, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Continuous flow cryotherapy; Heat/cold applications.

Decision rationale: As the associated hot/cold therapy unit is not medically necessary, this request for a cervical spine wrap would not be considered medically necessary.