

<b>Case Number:</b>	CM15-0189395		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Emergency Medicine

### 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 50-year-old male, who sustained an industrial injury on 01-01-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical pain. Medical records (08-20-2015 to 09-09-2015) indicate ongoing and worsening neck pain with radiating pain to the right shoulder blade and upper back, and weakness in the right hand. Pain levels were not mentioned, and activity levels and level of functioning were not specifically discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 09-09-2015, revealed increasing neck pain with the effects of the cervical epidural steroid injection (CESI) wearing off. The physical exam revealed tenderness to palpation bilaterally about the cervical paraspinal musculature, guarded and painful range of motion in the cervical spine, and trace weakness of the right biceps and triceps as well as the right wrist and finger extensors. Relevant treatments have included CESI with about 60-70% improvement in neck pain, work restrictions, and pain medications. The treating physician indicates that an old MRI of the cervical spine showed significant disease at the C6-7 level. A new MRI was completed and showed significant abnormalities affecting the C6-7 level. The request for authorization (09-09-2015) shows that the following procedure and associated services were requested: anterior C4-6, C6-7 cervical discectomy and fusion with instrumentation (approved), assistant surgeon (approved), intra-operative spinal cord monitor purchase (approved), cervical collar with pad purchase (approved), purchase of hot and cold therapy unit with wrap, purchase of a bone growth stimulator, and a 1-2 day inpatient stay. The original utilization review (09-24-2015) modified the requests for purchase of hot and cold

therapy unit with wrap (modified to a 7 day rental of unit), and a 1-2 day inpatient stay (modified to a 1 day stay). The purchase of a bone growth stimulator was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Associated surgical service: Hot/Cold therapy unit with wrap (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) Treatment Index, 11th Edition (web) 2014, Knee & Leg - Continuous - flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Shoulder, Continuous Flow Cryotherapy.

**Decision rationale:** The CA MTUS Guidelines are silent on this issue. The Official Disability Guidelines recommends cold therapy for up to 7 days post-op. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above have not been met. Therefore, the request is not medically necessary.

**Associated surgical service: Bone growth 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) Treatment Index, 11th Edition (web) Low Back - Bone growth stimulators (BGS) Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - Upper Back (Acute & Chronic), Bone Growth Stimulators (BGS).

**Decision rationale:** The CA MTUS Guidelines are silent on this issue. The Official Disability Guidelines state that 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. The treating physician has not documented the presence of any of the aforementioned criteria for recommended use of a bone growth stimulator. The criteria noted above have not been met. Therefore, the request is not medically necessary.

**Associated surgical service: Inpatient surgery (1-2 day stay): 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) Hospital Length of Stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck - Upper Back (Acute & Chronic), Hospital Length of Stay.

**Decision rationale:** The CA MTUS Guidelines are silent on this issue. According to the Official Disability Guidelines, the median hospital length of stay for a cervical fusion is 1 day, mean is 2.2 days. The treating physician has not documented the medical necessity for length of stay beyond the guideline median recommended one day stay. The criteria noted above have not been met. Therefore, the request is not medically necessary.