

Case Number:	CM15-0196108		
Date Assigned:	10/09/2015	Date of Injury:	06/23/2011
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 55-year-old female with a date of industrial injury 6-23-2011. The medical records indicated the injured worker (IW) was treated for C5 to C7 anterior cervical fusion non-union with persistent foraminal stenosis. In the progress notes (8-7-15 and 8-28-15), the IW reported neck and upper extremity pain and numbness in the left hand. On examination (8-28-15 notes), flexion and extension of the cervical spine was 45 degrees and bilateral rotation was 70 degrees. Sensation in the right thumb was decreased and left wrist extension was decreased. The exam was otherwise normal in regard to sensation, motor strength and deep tendon reflexes, without long tract signs or pathologic reflexes. Treatments included cervical fusion (2013), physical therapy and home exercise and medications (Flexeril, Tramadol, Motrin, Norco). CT of the cervical spine on 8-27-15, according to the notes, showed an obvious non-union at C5-6 and a possible non-union at C6-7, as well as stenosis bilaterally at C5-6 and C6-7 that the provider stated would account for the left upper extremity symptoms. Electrodiagnostic testing of the bilateral upper extremities on 2-13-15 was consistent with bilateral carpal tunnel syndrome. The IW was temporarily totally disabled. The treatment plan included possible revision of the cervical fusion. A Request for Authorization dated 9-1-15 was received for a cervical collar and Bone Growth Stimulator. The Utilization Review on 9-9-15 non-certified the request for a cervical collar and Bone Growth Stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back Chapter.

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 (Acute & Chronic), Cervical collar, post operative (fusion).

Decision rationale: The claimant sustained a work injury in June 2011 while lifting and stacking crates. She underwent an anterior cervical decompression and fusion from C5-C7 in September 2013. The claimant has a history of reactive airway disease and a positive smoking history. When seen, there was decreased spinal range of motion. She had decreased right thumb sensation and left wrist extension. Imaging results were reviewed with a CT scan of the cervical spine in August 2015 including findings of a nonunion at C5-6 and possible nonunion at C6-7. Authorization is being requested for revision surgery with postoperative use of a bone stimulator and cervical orthosis. Although the use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single level anterior cervical fusion with plating, a post-operative cervical collar can be recommended after a multi-level fusion. In this case, the claimant already has a history of a nonunion, likely at more than one level and revision surgery is being planned. A post-operative cervical collar is appropriate and medically necessary.

Bone Growth Stimulator: Overturned

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 Chapter.

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-Lumbar & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

Decision rationale: The claimant sustained a work injury in June 2011 while lifting and stacking crates. She underwent an anterior cervical decompression and fusion from C5-C7 in September 2013. The claimant has a history of reactive airway disease and a positive smoking history. When seen, there was decreased spinal range of motion. She had decreased right thumb sensation and left wrist extension. Imaging results were reviewed with a CT scan of the cervical spine in August 2015 including findings of a nonunion at C5-6 and possible nonunion at C6-7. Authorization is being requested for revision surgery with postoperative use of a bone stimulator and cervical orthosis. In terms of a bone growth stimulator, case-by-case recommendations are necessary. A bone stimulator may be considered medically necessary as an adjunct to spinal fusion surgery for patients with a history of a previous failed fusion, In this case, the claimant is being treated for a nonunion and revision surgery, likely at least at two levels, is being planned. A bone growth stimulation is medically necessary.