MAXIMUS Federal Services

Case Number:	CM15-0199391		
Date Assigned:	10/27/2015	Date of Injury:	09/17/2009
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/09/2015

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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old male, who sustained an industrial injury on 9-17-09. The injured worker was being treated for status post cervical fusion, L3-S1 disc herniation and bilateral nerve compression, facet arthropathy and right greater than left T11-12 foraminal stenosis with radiculopathy. On 9-1-15, the injured worker complains of constant neck pain rated 7 out of 10, neck locking up and throat swelling. Physical exam performed on 9-1-15 revealed tenderness and spasms of lumbosacral junction.Treatment to date has included physical therapy, home exercise program, aquatic therapy, Ibuprofen, Menthoderm cream, cervical fusion, home exercise program and activity modifications. On 9-16-15 request for authorization was submitted for bilateral L4-5 and L5-S1 laminar foraminotomy and micro discectomy, walker for post op use, lumbar brace for post op brace, bone growth stimulator for post op use (purchase) and cold therapy unit for post op use (purchase).On 9-18-15 request for, bone growth stimulator for post op use (purchase) and cold therapy unit for post op use (purchase) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone growth 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A Review of Bone Growth Stimulation for Fracture Treatment Steve B. Behrens, Matthew E. Deren, Keith O. Monchik Disclosures, Curr Orthop Pract. 2013; 24(1):84-91.

Decision rationale: For treatment of delayed unions and non-unions, bone stimulators have a Grade B to C evidence recommendations. Further studies on the efficacy and cost-effectiveness of bone stimulators are warranted to better define the clinical implementation of these devices. This worker does not have a fracture nor any known metabolic disorders or comorbidities that would cause impaired bone healing. An external bone growth stimulator is not medically necessary in the records.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: This injured worker has chronic pain with upcoming/anticipated surgery. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and/or whether the cold therapy unit is for the current state or post surgical state. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The request for a cold therapy unit is not medically necessary or substantiated in the records.