MAXIMUS Federal Services

Case Number:	CM15-0034827		
Date Assigned:	03/03/2015	Date of Injury:	12/18/2008
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented Gallagher Bassett beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 18, 2008. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve requests for a bone growth stimulator, cervical collar, pneumatic compression device, and cold therapy unit. A January 26, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated February 13, 2015, the attending provider stated that the applicant ongoing issues with cervical radiculopathy and ulnar neuropathy. The attending provider stated that he was proposing a cervical diskectomy-fusion surgery in conjunction with cubital tunnel release surgery. The attending provider stated that the applicant had a radiographically proven cervical radiculopathy, which did warrant cervical intervention. The attending provider reiterated the request for the cervical fusion procedure and cubital tunnel release surgery. The attending provider expressed his displeasure that the claims administrator had failed to read or reference his progress note of January 26, 2015. On January 26, 2015, the applicant was described as having failed cervical epidural steroid injection therapy. The applicant reported ongoing complaints of neck pain radiating into left arm, 8-9/10 and ancillary complaint of low back pain was noted. The applicant's medications included Ambien, Celebrex, Cymbalta, Norco, Desyrel, Neurontin, Coreg, ramipril, and Crestor. The attending provider reiterated his request for multilevel cervical fusion surgery, with postoperative provision of a hard and soft cervical collar, bone growth stimulator, pneumatic compression device, postoperative physiotherapy, and preoperative medical clearance. The applicant was kept off of

work, on total temporary disability, in the interim. The remainder of the file was surveyed. There was no mention of the applicant's having even been approved and/or scheduled to undergo the cervical spine surgery also in dispute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic Intermittent Compressions Device: 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), Knee & Leg, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://emedicine.medscape.com/article/1268573-overview#showall, Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery, Author: David A Forsh, MD; Chief Editor: Harris Gellman, MD, ACCP Recommendations for Elective Spine Surgery, For patients who have no additional risk factors, antithrombotic prophylaxis following elective spine surgery is not recommended.

Decision rationale: No, the proposed pneumatic intermission compression device, a form of DVT prophylaxis, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, Medscape and the American College of Chest Physicians (ACCP) notes that antithrombotic prophylaxis elective spine surgery is not recommended in applicants who have no additional risk factors. Here, there was no mention of what risk factors were present which would compel the pneumatic intermittent compression device at issue in the face of the unfavorable Medscape and ACCP positions on the same. It is further noted that the spine surgery at issue was furthermore, denied by the claims administrator. There was no evidence that the applicant had been scheduled to undergo, had undergone, and/or had received the cervical spine surgery, which was also apparently the subject of dispute. Therefore, the request was not medically necessary.

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 (ODG), Bone-growth stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Integrated Treatment/Disability Duration Guidelines, Low Back Problems, Bone growth stimulators (BGS).

Decision rationale: The MTUS does not address the topic. ODG's Low Back Chapter Bone Growth Stimulator topic does acknowledge that one of the criteria for usage of a bone growth stimulator is in applicants in whom a fusion surgery is to be performed in more than one level. In this case however, the multilevel cervical fusion surgery (which is also the subject of dispute), was apparently denied by the claims administrator. There was no evidence that the applicant had

undergone the multilevel cervical fusion surgery at issue, was scheduled to undergo the multilevel surgical fusion surgery at issue, and/or had received the cervical fusion surgery at issue. Therefore, the request was not medically necessary.

Soft Cervical Collar: 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), Neck & Upper Back, Cervical collar, post-operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Similarly, the request for a cervical collar was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, usage of a cervical collar beyond one to two days is deemed "not recommended." Here, the attending provider did not furnish any clear or compelling applicant-specific rationale for long-term, protracted usage of a cervical collar, either preoperatively or postoperatively, in the face of the seemingly unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Cold Therapy Unit, 30 Day Rental: 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), Neck & Upper Back, Cold Packs; Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Integrated Treatment/Disability Duration Guidelines, Knee, Continuous-flow cryotherapy.

Decision rationale: Finally, the proposed 30-day cold therapy unit rental was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy. However, ODG's Knee Chapter Continuous-flow Cryotherapy topic notes that continuous-flow cryotherapy should be limited to seven days of postoperative use. The request for a 30-day rental of the device, thus, runs counter to ODG's position. It is further noted that the underlying cervical spine surgery was/is also the subject of dispute. It does not appear that the applicant has received approval for cervical spine surgery, is scheduled to undergo cervical spine surgery, and/or had the cervical spine surgery in question. Therefore, the request was not medically necessary.