

Case Number:	CM15-0056723		
Date Assigned:	04/01/2015	Date of Injury:	03/01/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/25/2015

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: New York

Certification(s)/Specialty: Neurological 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 3/1/2014. The current diagnosis is cervical spondylosis/radiculopathy at C4-5 and C5-6. According to the progress report dated 2/24/2015, the injured worker complains of neck pain with radiation into the right arm associated with numbness, tingling, and weakness. The current list of medications was not available for review. Treatment to date has included medication management, X-rays, CT cervical myelogram, MRI, electrodiagnostic studies, physical therapy, acupuncture, and cervical epidural steroid injection (2/10/2015). Per notes, the epidural steroid injection has given him no pain relief. The plan of care includes anterior cervical discectomy and fusion at C4-C5, C5-C6, assistant surgeon, cervical brace, purchase of bone growth stimulator unit, TENS unit, front wheeled walker, 3-in-1 commode, and post-operative home health care daily for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator Unit, 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: 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) (updated 04/15/15)-Bone growth stimulatorsNeck Chapter.

Decision rationale: The ODG guidelines note that the use of bone growth stimulators in cervical fusions is under study. The documentation does not supply evidence of why it is requested. The guidelines note there are conditions of high risk where they have been used. Documentation does not outline the high risks in this patient which could merit their use. The requested Treatment: Bone Growth Stimulator Unit, purchase is NOT medically necessary and appropriate.

TENS (transcutaneous electrical nerve stimulation) 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: Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-TENS.

Decision rationale: The ODG guidelines do not recommend TENS as a primary treatment modality. The guidelines note TENS may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Documentation does provide details on such a program. The requested treatment TENS (transcutaneous electrical nerve stimulation) Unit is NOT medically necessary and appropriate.

Front Wheeled Walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Walking aids.

Decision rationale: While the ODG guidelines do recommend walking aids for patients with back and lower extremity problems in ambulation post-operatively. The guidelines do note that disability, pain and age-related impairments determine the need for a walking aid. Documentation does not supply an assessment as to why cervical surgery should need a front wheeled walker. Requested Treatment: Front Wheeled Walker is NOT medically necessary and appropriate.

3-in-1 Commode: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Chapter-Durable Medical equipment.

Decision rationale: A 3-in-1 commode according to the ODG guidelines may be medically necessary because of the surgery, which might place the patient at risk in the normal home bathroom environment. The device might then meet Medicare's definition of durable medical equipment. Thus the requested treatment: 3-in-1 Commode IS medically necessary and appropriate.

Post-operative HHC (home health care), RN (registered nurse) visits daily for wound check, 1 time daily for 14 days: 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 & Upper Back chapter - Home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter-Home Health services.

Decision rationale: According to the ODG guidelines, Home Health services are recommended only for medical treatment for patients who are homebound. Documentation does not supply evidence as to why that would be the case for this patient. The documentation does not supply evidence why the wound would need to be checked by a nurse daily for 14 days. Requested Treatment: Post-operative HHC (home health care), RN (registered nurse) visits daily for wound check, 1 time daily for 14 days is NOT medically necessary and appropriate.