MAXIMUS Federal Services

Case Number:	CM15-0057871		
Date Assigned:	04/02/2015	Date of Injury:	09/07/2010
Decision Date:	05/15/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic 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 48 year old female who sustained an industrial injury on 9/7/2010. Her diagnoses, and/or impressions, include: cervical discopathy; bilateral shoulder impingement syndrome; bilateral carpal tunnel syndrome; and lumbar discopathy. Current magnetic resonance imaging studies are not noted, but are noted to have been requested. Her treatments have included physical therapy; home exercise program; activity modifications; lumbar epidural steroid injection therapy; and medication management. The progress notes of 2/4/2015, shows persistent, constant and significant radiating cervical and lumbar pain. The physician's requests for treatments included spinal fusion at L5-S1 and associated surgical services that were certified by Utilization review. However, post-surgical use of a bone growth stimulator and ice unit were not certified. ODG guidelines were cited. This is appealed to an Independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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: Section: Low Back, Topic: Bone Growth Stimulators.

Decision rationale: ODG guidelines recommend bone growth stimulators when there are risk factors for failed fusion. Among the risks factors, one or more previous failed spinal fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis are mentioned. The documentation submitted does not indicate the presence of these risk factors. As such, the request for a bone growth stimulator is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.

Ice Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cryotherapy Unit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Cold packs, Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option for 7 days after shoulder surgery and knee surgery. Although cold packs are recommended for low back, the guidelines do not recommend continuous-flow cryotherapy for the lower back surgery. As such, the request for an Ice Unit is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.