

<b>Case Number:</b>	CM14-0142140		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/29/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 50-year-old gentleman who injured his neck in a work related accident on 05/29/14. The clinical records provided for review document that following a course of conservative care, the claimant was recommended to undergo an anterior cervical fusion at C6-7 with allograft and hardware. The Utilization Review determination documented that the surgery was authorized. This review is for the use of a cervical collar, muscle stimulator, bone growth stimulator and heat/cold therapy unit. There are no other clinical records for review relevant to these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Hot/Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Neck and Upper Back: Cold Packs; Continuous-flow cryotherapy

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a combination of heat/cold therapy device would not be supported. The ACOEM Guidelines recommend the application of heat and cold in the home setting for control of pain and swelling. The Official Disability Guidelines do not recommend the use of continuous-flow cryotherapy devices for the neck. There is also limited clinical evidence for the use of thermotherapy following surgical processes, particularly to the neck. Therefore, the request for a combination of heat and cold therapy device is not recommended as medically necessary.

**Post-op Bone Growth Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS)

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines would not support the use of a bone growth stimulator for purchase following a one level fusion. There is no documentation that indicates this claimant has any significant risks factors for use of a postoperative bone growth stimulator which is typically reserved for individuals with previous failed fusion included one level surgery, a history of diabetes, renal disease, significant osteoporosis or alcoholism. Without documentation of significant risk factor, the use of this device in the isolated one level procedure would not be supported.

**Post-op Muscle Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ENS Unit, Postoperative Pain Page(s): 16.

**Decision rationale:** The purchase of a postoperative "muscle stimulator" would not be indicated. According to the Chronic Pain Guidelines, in the postoperative setting, a TENS device can be utilized acutely for thirty days including home use. There is no documentation to support the request for purchase of the above device for use beyond the thirty day window. Given the specific timeframe for use in this case is indefinite based on the purchase of the TENS unit, the purchase of a TENS stimulator would exceed the Chronic Pain Guidelines and would not be supported.

**Post-op Cervical Collars:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Neck and Upper Back Chapter Cervical collar, post operative (fusion)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

**Decision rationale:** California ACOEM Guidelines currently indicate that cervical collars have not been shown to have lasting benefit except in the first few days in the clinical course of "severe cases." There is no current indication for formal use following surgery including surgery for a one level cervical fusion. The clinical request would not be supported as necessary.