

Case Number:	CM14-0144975		
Date Assigned:	10/14/2014	Date of Injury:	05/08/1997
Decision Date:	11/13/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 Spine Surgery and is licensed to practice in New York. 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 patient is a 53-year-old female with chronic neck pain after motor vehicle accident. MRI from 2014 shows disc osteophyte complexes causing spinal stenosis at C5-6. There is degenerative disc condition at C4-5 and C3-4. The patient continues to have chronic neck pain. The patient's had multiple injections with worsening of symptoms. Physical examination shows neck tenderness with decreased range of motion. Spurling sign is positive on the left. There is also decreased sensation in the radial forearm and hand. X-ray show arthritis at C5-6. At issue is whether disc arthroplasty surgery and home health visits are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health (1 RN visit, plus 1-2 PRN) for skilled observation of incision healing, pain management, neurological status and home safety/equipment needs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: The medical records do not established need for home health care. There is no documentation that the patient is homebound. The patient will have a single level cervical

procedure and should be able to ambulate after the operation. The medical records do not support the need for home health skilled nursing. Home skilled nursing is not clinically indicated after single level anterior cervical surgery. Therefore the request is not medically necessary.

Cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck pain chapter

Decision rationale: ODG guidelines do not recommend use of cervical collar for single level cervical surgical procedures. The patient is having artificial disc replacement. There is no role for cervical collar treatment from clinical standpoint. The request is not medically necessary.

Vasentherm CTU: 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 and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck pain chapter

Decision rationale: The medical literature does not established effectiveness of a vasutherm device after cervical spine surgery. There is no literature to demonstrate that this device improves outcomes of the cervical spine surgery. The request is not clinically needed and is therefore not medically necessary.