

<b>Case Number:</b>	CM14-0164057		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/13/2002
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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 has chronic neck pain. The patient is status post ACDF at C4-5 and C5-6. Physical examination shows right C4 and C7 weakness. There is decreased cervical range of motion. Positive Spurling's test. X-ray shows some C3-4 osteophyte at C6-7 osteophyte. MRI shows chronic disc degeneration of C3-4 C6-7 with foraminal narrowing. Imaging studies document stable anterior instrumentation and fusion. At issue is whether revision cervical spine surgeries are medically necessary along with other modalities after the surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck pain chapter

**Decision rationale:** An IF unit is not medically necessary for this patient. The patient has chronic neck pain after a two-level fusion surgery. There is no documentation of instability or significant neurologic deficit. There is no correlation between imaging studies and patient's physical examination. Surgery for this patient's cervical spine is not medically necessary. An IF

unit is not recommended for the treatment of chronic axial neck pain in patients who have not had adequate documentation of a trial and failure of conservative measures. The medical records do not document a recent trial and failure physical therapy for chronic neck pain. In addition, the surgery is not medically necessary and the IF unit is not necessary post-operatively since the surgery is not necessary.

**Hot/Cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck & Upper Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck pain chapter

**Decision rationale:** ODG guidelines do not support the use of a hot cold unit after cervical surgery. Literature has not shown hot cold units to improve outcomes of the cervical surgery. Also, as described above the patient does not meet criteria for cervical spine surgery. Therefore, cold therapy post-operatively is not medically necessary since surgery is not medically necessary.