

Case Number:	CM14-0214468		
Date Assigned:	01/07/2015	Date of Injury:	05/12/2014
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47 yr. old female claimant to sustain it work injury on May 12, 2014 involving the neck and left upper extremity. An MRI of the neck showed a herniated nucleus pulposis at C6-C7. She had used Nabumetone for pain control. An EMG/NCV in August 2014 showed left median nerve neuropathy and C5-C6 radiculopathy. She had previously undergone epidural steroid injections. A cervical spine myelogram on November 13, 2014 indicated mild degenerative disc disease from C-3 to C7. A progress note on 11/21/14 indicated the claimant had continued neck pain. Exam findings were notable for paraspinous spasms. She was tender to palpation. Sensation was decreased to light touch. The physician planned for an anterior cervical discectomy. A post-operative cervical brace, bone growth stimulator for purchase, TENS unit , front wheel walker, 3 in 1 commode and home health for 2 weeks for dressings changes were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of front wheel walker: 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) DME and knee

Decision rationale: According to the ODG guidelines, walkers are recommended as indicated. Disability, pain and age-related impairments determines the need for a walking aid. In this case the claimant had significant cervical disc disease with long term pain in the upper extremities. She was undergoing surgery. However there was no mention of lower extremity disability, pain or inability to walk in the objective findings. The length of use for a front wheel walker was not clarified. Therefore, the purchase of front wheel walker is not medically necessary.

1 cervical brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the guidelines collars and cervical braces are ineffective. You may provide comfort for the first few days. Prolonged mobilization is not recommended. Although the brace may be appropriate after surgery, the physician did not specify the length of time for its use. The request therefore, for cervical brace is not medically necessary.

1 purchase of bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, Bone growth stimulators (BGS)

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

Decision rationale: According to the guidelines, a bone growth stimulator is not recommended. In cases of low back problems it may be used for one or more previously failed spinal fusions. In this case the surgery is in the cervical spine. There is no mention of prior failed fusion. The request for a bone growth stimulator is not necessary.

1 purchase of 3-in-1 commode: 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) DME and knee

Decision rationale: According to the guidelines, and durable medical equipment is recommended as necessary. In this case there was no indication for inability to walk. The prognosis for motion and mobility after surgery was not define. The indefinite need of a commode was not substantiated. Therefore the purchase of a commode is not medically necessary.