

Case Number:	CM14-0054529		
Date Assigned:	07/07/2014	Date of Injury:	04/12/2002
Decision Date:	01/02/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 12, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and earlier cervical spine surgery. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a smoking cessation program, denied a bone stimulator, denied a TENS unit, and denied a cryotherapy device. The applicant's attorney subsequently appealed. In the IMR application, however, the two articles appealed appear to have been the bone stimulator and a smoking cessation program. In a March 17, 2014 progress note, the applicant reported ongoing complaints of back, leg, neck, and arm pain. The applicant was status post earlier cervical fusion surgery. The applicant was apparently having issues with speech disturbance. The attending provider suggested that the applicant obtain an otolaryngology evaluation to evaluate his vocal cords. Smoking cessation, a bone stimulator, a psychological consultation, and authorization for further spine surgery were sought. The applicant was described as having retired from his former place of employment. The attending provider referenced a cervical MRI of October 3, 2011 demonstrating C5-C6 fusion hardware in place. It was suggested that the applicant was contemplating further surgery at other levels, pending clearance from an Internist, Psychologist, and Otolaryngologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Stimulator: Overturned

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); Low Back Chapter, Bone Growth Stimulators topic.

Decision rationale: The MTUS does not address the topic. As noted in ODG's Low Back Chapter Bone Growth Stimulators topic, bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion surgery in applicants with risk factors for failed fusion, some of which include evidence that an applicant is a current smoker and evidence that an applicant is undergoing fusion at more than one level. Here, the attending provider did suggest (but did not clearly state) that the applicant was undergoing further cervical fusion surgery at more than one level after having already undergone previous fusion surgery at one other level. The applicant was/is an active smoker. Obtaining a bone growth stimulator is, thus, indicated prior to pursuing planned Cervical Spine Surgery, here. Therefore, the request is medically necessary.

Smoking Cessation Program: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 11. Decision based on Non-MTUS Citation Table 3: Prevention Recommendations

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1, page 11 does note that strategies based on modification of individual's risk factors such as a smoking cessation program at issue may be "less certain, more difficult, and possibly less cost effective," the tepid-to-unfavorable MTUS position in ACOEM Chapter 1 is offset by more current medical guidelines, including the Third Edition ACOEM Guidelines Low Back Chapter, which explicitly states that smoking cessation programs are "recommended." Washington's Cervical Nerve Root Injury Surgery Guidelines further note that current cigarette smoking is a relative contraindication to pursuit of cervical spine surgery. Here, the applicant is, in fact, planning cervical spine surgery. Pursuit of a smoking cessation program may, thus, be a cost effective option here, particularly if the smoking cessation program can help to minimize the applicant's chances of developing a failed fusion as a result of smoking at the time the fusion hardware is consolidating. Therefore, the proposed smoking cessation program is medically necessary.