

<b>Case Number:</b>	CM15-0013864		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 injured worker is a 43-year-old male who reported an injury on 04/13/2012. The mechanism of injury reportedly occurred while loading and unloading luggage from a cart on a business trip. His diagnoses included displacement of the cervical intervertebral disc without myelopathy. Medications included Effexor XR, tizanidine, Imitrex, Ambien, Cialis. Surgical history included right shoulder arthroscopy shoulder surgery for rotator cuff repair in 09/2012. Diagnostic studies included an official MRI of the cervical spine performed on 12/17/2014, read by [REDACTED] which was noted to reveal straightening of the cervical curvature, otherwise normal alignment of the cervical vertebrae. Cervical vertebral body height appears maintained. There is narrowing of the disc spaces at C5-6 and C6-7 with small anterior osteophytes at these 2 levels. No prevertebral soft tissue swelling was seen. The C1-2 relationship appears normal. Unofficial x-ray of the cervical spine performed on 12/17/2014, read by [REDACTED], was noted to reveal degenerative disc disease at C5-6 and C6-7. Other therapies were noted to include epidural steroid injections. On 12/10/2014, the injured worker was seen for ongoing neck and right shoulder pain with radiating symptoms down the right upper extremity. He thinks the cervical epidural steroid injection is wearing off because he is starting to have intermittent shooting radicular pain down the right arm. There were no significant changes upon objective findings. The treatment plan included refill medications, schedule an updated MRI of the cervical spine, continue follow-up with psychotherapy and return in 1 month. The Request for Authorization was not provided within the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Vascutherm cold therapy unit rental for 14 days: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Collars (cervical).

**Decision rationale:** The request for Vascutherm cold therapy unit rental for 14 days is not supported. The Official Disability Guidelines state that the use of a Vascutherm thermal cold therapy unit would be indicated postsurgical for 7 days. The request exceeds the guidelines recommendation. As such, the request is not medically necessary.

### **Cervical collar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for cervical collar is not supported. California MTUS/ACOEM Guidelines state that cervical collars are not recommended and have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. There is lack of documentation as to the length of time and frequency of use of the collar. As such, the request is not medically necessary.

### **Post-operative physical therapy; 12 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The request for post-operative physical therapy; 12 sessions is not supported. The California MTUS Postsurgical Guidelines state that for artificial disc, postsurgical treatment includes 18 visits of therapy over 4 months. There should be a trial of 6 visits with documentation of functional improvement and remaining functional deficits in order to continue beyond the trial visits. As such, the request for postoperative physical therapy is not medically necessary.

**Orthofix:** 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), Knee and leg, Bone growth stimulator, Game ready accelerated recovery system.

**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, Bone growth stimulators (BGS).

**Decision rationale:** The request for Orthofix is not supported. The Official Disability Guidelines state that bone growth stimulators are not indicated unless patient has significant risk factors for delayed fracture healing or nonunion are present. There is lack of documentation that there is nonunion or a delay in the fracture healing. There is lack of documentation as to the length of time and frequency the bone stimulator is to be used. As such, the request for a bone growth stimulator is not medically necessary.