

Case Number:	CM15-0118898		
Date Assigned:	06/29/2015	Date of Injury:	08/02/2009
Decision Date:	07/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York
 Certification(s)/Specialty: Neurological Surgery

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 62 year old female who sustained an industrial injury on 08/02/2009. The injured worker was diagnosed with post cervical laminectomy syndrome, post lumbar laminectomy syndrome, pseudoarthrosis and insomnia. The injured worker is status post L3-S1 lumbar fusion surgery in October 2012 and cervical discectomy C5-C6 and C6-C7 with anterior interbody fusion of C5-C6 and C6-C7 in June 2012. Treatment to date has included diagnostic testing, surgery, cervical and lumbar injections, physical therapy, home exercise program, Ear, Nose and Throat consultation and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience neck and back pain. The injured worker rates her pain level at 2/10 with medications and 4/10 without medications. The injured worker also reports numbness and tingling in her hands, feet and hips. The injured worker was also seen by ENT for difficulty swallowing which was thought to be secondary to an allergy to the titanium. Motor strength was decreased bilaterally at the deltoids and hand intrinsic muscles. Sensation was intact from C4 to T2 to light touch bilaterally except in the fingers bilaterally. Current medications were not listed. Treatment plan consists of exploration of the cervical fusion with removal of hardware, post-operative physical therapy, pre-operative clearance and testing and the current request for a home health aide 3 hours daily for 2 weeks post-operatively and a motorized cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Cold Therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-cold packs; continuous-flow cryotherapy.

Decision rationale: The ODG guidelines do recommend cold packs the first few days of symptoms. A continuous-flow cryotherapy is not recommended in the neck. The request is for motorized cold therapy for the neck. Therefore, this request for motorized cold therapy unit is not medically necessary and appropriate.

Home Health Aide, 3 hrs daily for 2 wks (14 days, 42 hrs), post-operative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-home health services.

Decision rationale: The ODG guidelines recommend home health services only if the patient is home bound. The services are recommended if the patient has medical issues that would intervention. Documentation does not supply this evidence. Therefore, the request for home health aide, 3 hrs daily for 2 wks (14 days, 42 hrs), post-operative is not medically necessary and appropriate.