

<b>Case Number:</b>	CM15-0031130		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic 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 63-year-old female, who sustained an industrial injury on 5/13/2009. Diagnoses have included cervical spondylosis and cervical strain. Treatment to date has included physical therapy, acupuncture, injections and medication. According to the Primary Treating Physician's Progress Report dated 1/7/2015, the injured worker complained of pain rated 7/10 without medications and 3/10 with medications. Physical exam revealed normal reflex, sensory and power testing to the bilateral upper extremities and bilateral lower extremities except for weakness, numbness and reflex loss right C6 and C7. There was cervical tenderness and spasms. Cervical range of motion was decreased. Authorization was requested for anterior cervical decompression and fusion C5/6, C6/7 with allograft, cage and plate; assistant surgeon; medical clearance; cervical collars; postoperative physical therapy; hot/cold therapy unit and muscle stimulator. Utilization review certified the requests with the exception of the hot/cold therapy unit and the muscle stimulator. CA MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Hot/Cold Therapy Unit: 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), Cold Packs.

**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, Heat/Cold Applications.

**Decision rationale:** ODG guidelines indicate insufficient testing exists to determine the effectiveness, if any, of heat/cold postoperative applications in treating mechanical neck disorders. Continuous-flow cryotherapy is recommended for use after shoulder and knee surgeries but not for neck surgery. As such, the request is not recommended and the medical necessity of the request has not been substantiated.

**Associated Surgical Service: Muscle Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

**Decision rationale:** California MTUS chronic pain guidelines indicate neuromuscular electrical stimulation is not recommended. It is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. As such, the request is not supported and the medical necessity of the request has not been substantiated.