

Case Number:	CM15-0071844		
Date Assigned:	04/22/2015	Date of Injury:	09/27/2001
Decision Date:	05/27/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/15/2015

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 55-year-old female with a date of injury of 9/27/2001. Pain management notes of February 12, 2015 document a history of neck pain with associated radicular pain in the left upper extremity and low back pain radiating into the left lower extremity. The injured worker was involved in a motor vehicle accident on September 27, 2001 with associated injuries to her neck and back. She was initially treated conservatively and then underwent a cervical spine fusion procedure at C5-6 in February 2003. She reported improvement in her neck pain following the procedure. She underwent a lumbar spine fusion in July 2009 and reported increased left leg pain after the procedure. A spinal cord stimulator trial was recommended but never completed. She underwent removal of hardware and exploration of the fusion in August 2011. At the time of this examination the neck pain was 7/10 and low back pain 9/10 with radiation down the left lower extremity, numbness, weakness, and intermittent loss of bowel control. A cervical MRI from January 19, 2015 revealed C5-6 disc desiccation with loss of disc height and endplate degenerative changes. There was a 2.5 mm left paracentral disc protrusion resulting in flattening of the thecal sac and abutment of the exiting left cervical nerve root. The rest of the cervical MRI was unremarkable. The diagnosis at that time was chronic pain syndrome with narcotic dependency and post lumbar laminotomy pain syndrome status post lumbar interbody fusion and decompression at L4-S1 with instrumentation, status post lumbar hardware removal and exploration of fusion in August 2011 and chronic left lumbar radiculopathy. The diagnosis pertaining to the cervical spine was status post C5-6 ACDF (non instrumented in 2003). The utilization review documentation indicates that a request for

additional cervical spine surgery was noncertified by utilization review. An associated request for a cervical collar and bone growth stimulator has now been appealed to an independent medical review. However, the documentation submitted does not indicate that additional surgery for the cervical spine has been certified. The primary treating physician's progress report dated April 6, 2015 indicates moderate to severe neck pain radiating to the upper extremities. She was pending authorization for cervical surgery. She had difficulty with activities of daily living, household chores, cooking, hygiene and grooming. On examination upper extremity strength was reported to be 4/5 in all muscle groups. Sensation was decreased in the C5 and C6 dermatome bilaterally. Deep tendon reflexes were not documented. A urine drug screen was ordered to monitor medication usage and compliance. The cervical spine surgery denial was appealed. The request for authorization dated 2/27/2015 and the progress report dated 2/23/2015 are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of Cervical Collar post surgery for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck, Topic: Cervical collar.

Decision rationale: With regard to the request for a postoperative cervical collar, ODG guidelines indicate that cervical collars may be appropriate where postoperative indications exist. However, a recent high-quality study found little difference among conservative whiplash therapies with some advantage to mobilization over immobilization. The request for the cervical collar is for comfort after the cervical fusion procedure. However, documentation does not indicate that the procedure has been certified. As such, in the absence of the cervical fusion procedure, the request for a postoperative cervical collar is not supported and not medically necessary.

1 purchase of Ortho-Fix Bone Stimulator post surgery for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck, Topic: Bone growth stimulation.

Decision rationale: Bone growth stimulators are under study per ODG guidelines. There is conflicting evidence, so case-by-case recommendations are necessary. The criteria for use include 1 or more previous failed spinal fusions, grade 3 or worse spondylolisthesis, fusion to be performed at more than one level, current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis. The documentation provided indicates that the requested surgical

procedure for the cervical spine has not been certified. As such, the request for an Orthofix bone growth stimulator is not supported by guidelines and not medically necessary.