

Case Number:	CM14-0142366		
Date Assigned:	09/10/2014	Date of Injury:	08/25/2013
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic Surgery 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 claimant is a 39-year-old gentleman who sustained multiple work-related injuries including a neck injury on 08/25/13. The medical records provided for review included the Utilization Review determination dated 09/02/14 authorizing surgery for an anterior cervical discectomy and fusion at the C5-6 level. This review is for the multiple perioperative requests in relationship to the surgery including the purchase of a hot/cold therapy unit, postoperative muscle stimulator, and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Clearance Pre-Operatively: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guideline.gov/content.aspx?id=38289> Preoperative evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for preoperative medical clearance prior to the one level anterior cervical discectomy and fusion is recommended as medically necessary. The procedure will be lengthy and require anesthesia, a postoperative hospital stay, and the potential for complications including blood loss. Therefore, the request for preoperative medical clearance for work up and assessment is medically necessary.

Muscle Stimulator: 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), , Electrical muscle stimulation (EMS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: California MTUS Chronic Pain Guidelines would support the use of a TENS device for up to thirty days including home use following the proposed surgery. Given noted approval for the surgical process, the postoperative use of the muscle stimulator in this case is medically necessary.

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), Heat/Cold applications

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates; Chapter Neck and Upper Back; Cold packs; Continuous Cryotherapy.

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines would not support the perioperative use of a cryotherapy device. While the ACOEM Guidelines recommend that the application of cold packs can be utilized following an acute injury and surgical processes, the Official Disability Guidelines state that cryotherapy devices are "typically not recommended following operative procedures to the neck." The request for use of a cryotherapy device for an unspecified amount of time in the postoperative setting is not medically necessary.