

<b>Case Number:</b>	CM14-0154420		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 49 year old female with an injury date of 06/20/03. Based on the 04/01/14 progress report provided by [REDACTED], the patient complains of neck and right-sided low back pain rated 10/10, right arm and hand pain rated 10/10, and bilateral leg pain radiating to both feet rated 10/10 and headache related to her neck pain. Physical examination reveals well healed surgical scars in the neck and right shoulder. There is tenderness and guarding in the cervical and lumbar musculature. Range of motion in the cervical and lumbar musculature is greatly decreased. Her medications include Lexapro, Lidoderm, Prilosec, Ultram, Dilaudid, Lunesta, Exalgo and Xanax. The provider plans cervical selective nerve root block. Reason for the requests has not been documented in review of reports submitted. Diagnostic Imaging studies per 04/01/14 progress report neural foraminal narrowing at C3-4, above the level of her prior fusion at C4-5 and C5-6; there is fusion hardware at C4-5 and there is evidence of a previous fusion at C5-6 with degenerative changes at C6-7. Diagnosis 04/01/14 are status post anterior cervical decompression and fusion, C5-6, status post removal of hardware, C5-6, and anterior-posterior discectomy and fusion, C4-5 December 2011, right C5 radiculopathy confirmed by EMG and Exam, status post right shoulder arthroscopic glenohumeral capsular release and synovectomy, 07/10/13, right L4-5 disc herniation with 5.3mm foraminal stenosis, lumbar radiculopathy, right lower extremity and right greater trochanteric bursitis. The utilization review determination being challenged is dated 08/26/14. The rationale follows: 1) Pneumatic intermittent compression device: "not medically necessary since surgery was not approved." 2) Cervical Collar (hard and soft): "not medically necessary since surgery was not approved." [REDACTED], is the requesting provider, and he provided treatment reports from 03/05/14 - 09/26/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic intermittent compression device:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Department of Health and Human Services, "National Guideline Clearinghouse, (<http://www.guideline.gov/content.aspx?id=14724>)

**Decision rationale:** The patient presents with neck and right-sided low back pain rated 10/10, right arm and hand pain rated 10/10, and bilateral leg pain radiating to both feet rated 10/10 and headache related to her neck pain. The request is for Pneumatic intermittent compression device. She is status post removal of hardware, C5-6, and anterior-posterior discectomy and fusion, C4-5; and status post right shoulder arthroscopic glenohumeral capsular release and synovectomy. Diagnosis dated 04/01/14 includes right C5 radiculopathy confirmed by EMG and Exam. The report explaining the rationale for this request is missing. Based on UR letter, it would appear that the compression device is being asked for post-operative use following requested lumbar fusion, which has been apparently denied. MTUS is silent regarding request. ODG addresses request in regards to the lower extremity. However per "US Department of Health and Human Services," National Guideline Clearinghouse, (<http://www.guideline.gov/content.aspx?id=14724>). "Recommendations for Appropriate Antithrombotic Therapies in Spine Surgeries. Efficacy of Antithrombotic Therapies: Do prophylactic antithrombotic measures, including compression stockings, mechanical sequential compression devices and chemoprophylaxis medications, decrease the rate of clinically symptomatic deep vein thrombosis (DVT) and/or pulmonary embolism (PE) (including fatal pulmonary embolism) following elective spinal surgery? Mechanical compression devices in the lower extremities are suggested in elective spinal surgery to decrease the incidence of thromboembolic complications. Grade of Recommendation: B Thrombosis embolic deterrent (TED) stockings in combination with acetylsalicylic acid (ASA) are an option in elective spinal surgery to decrease the incidence of thromboembolic complications. Grade of Recommendation: I (Insufficient Evidence) most commonly-performed elective spine surgeries done through a posterior approach are associated with a very low risk of venous thromboembolism (VTE)." Per progress report dated 04/01/14, provider plans cervical selective nerve root block, however reason for the request has not been documented in review of reports. The provider has not documented what the device will be used for, nor has he assessed patient risk for venous thromboembolism. If it's for lumbar surgery as suggested per UR letter, the surgery needs to be authorized first before post-operative measures can be considered. Therefore this request is not medically necessary.

**Cervical collar (hard and soft):** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The patient presents with neck and right-sided low back pain rated 10/10, right arm and hand pain rated 10/10, and bilateral leg pain radiating to both feet rated 10/10 and headache related to her neck pain. The request is for Cervical Collar (hard and soft). She is status post removal of hardware, C5-6, and anterior-posterior discectomy and fusion, C4-5; and status post right shoulder arthroscopic glenohumeral capsular release and synovectomy. Diagnosis dated 04/01/14 includes right C5 radiculopathy confirmed by EMG and Exam. ACOEM Chapter 8 page 175 states: Cervical Collars: Initial Care. Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars 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. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "reinjure" activities. Per progress report dated 04/01/14, provider plans cervical selective nerve root block, however reason for the request has not been documented in review of reports. Patient presents with several cervical procedures and neck pain; however guidelines do not support cervical collars, "except for comfort in the first few days of the clinical course in severe cases." Therefore, these request is not medically necessary.