

Case Number:	CM14-0173384		
Date Assigned:	10/24/2014	Date of Injury:	07/01/2009
Decision Date:	12/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old female who was injured on 7/1/2009. She was diagnosed with cervical disc disease, cervical radiculopathy, and bilateral shoulder pain. She was treated with surgery (cervical fusion and discectomy, 2012), physical therapy, a range of medications, and chiropractor treatments. She was seen by her primary treating physician on 7/11/14, when she reported no new injuries, but remained off of work. She reported taking Gabatrol, Tramadol, and gabapentin, which collectively allow her to do light cleaning at home and shopping. She also reported, however, not being able to do her home exercise program due to the pain. She was then recommended Fentanyl (which was recommended previously but not started). She was also recommended Percocet and Toradol until she is able to start the Fentanyl patch. Later, on 9/15/2014, a request for a cervical rehab kit was made for the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, Exercise and Cervical strengthening exercises

Decision rationale: The MTUS Guidelines do not go into detail about exercise equipment for the neck, but state that exercise is generally recommended. The ODG states that exercise is recommended for neck injuries, initially instructed and supported by a physical therapist and continued at home as low stress activities and stretches. The ODG also states, however, that for chronic neck pain, strength training is more effective than other methods. In the case of this worker, the use of specialized equipment in order to perform strength training exercises may or may not be necessary. Cervical muscle strength training can be performed at home without any equipment in most cases. There was no documented explanation as to why the worker required equipment to perform these exercises. Therefore, the cervical rehab kit is not medically necessary.