

Case Number:	CM14-0040154		
Date Assigned:	06/27/2014	Date of Injury:	01/01/2003
Decision Date:	07/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/05/2014

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 and Rehabilitation, has a subspecialty in 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:

This is a patient with a date of injury of January 1, 2003. A utilization review determination dated March 31, 2014 recommended non-certification of a neck brace and 18 sessions of postoperative physical therapy. Non-certification of a neck brace is due to lack of medical records supporting the medical necessity of the surgical procedure for which the neck braces requested. Non-certification of the request to physical therapy is due to the number of requested visits exceeding the initial course recommended by guidelines. Utilization review determination dated March 31, 2014 recommends non-certification of cervical discectomy and fusion. A progress report dated December 23, 2013 include subjective complaints indicating that the patient wants surgery for the neck. Objective findings identify tenderness to palpation. The diagnoses include cervical disc, bilateral shoulder sprain/strain, and cephalgia. The treatment plan recommends acupuncture, topical creams, and surgery for the cervical spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck Brace between 3/27/2014 and 5/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8: Summary of Recommendations for evaluating and managing Neck and Upper Back complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, cervical collar, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical Collar.

Decision rationale: Regarding the request for neck brace, the MTUS/ACOEM state that neck brace 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. The Official Disability Guidelines (ODG) states that cervical collars are not recommended for neck sprains. Patients diagnosed with whiplash associated disorders and other related acute neck disorders may commence normal preinjury activities to facilitate recovery. Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. They may be appropriate where postoperative and fracture indications exist. Within the documentation available for review, there is no indication that the patient has a diagnosis of a fracture or a planned surgical intervention. The guidelines do not support the use of cervical collars outside of those diagnoses. As such, the current request for neck brace is not medically necessary.

Eighteen (18) Sessions of Post Operative Physical Therapy between 3/27/2014 and 5/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for post-op physical therapy, the CA MTUS guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears that the surgery in question was recommended for noncertification. Additionally, the number of therapy sessions requested exceeds the number recommended as an initial trial following surgery. As such, the request for eighteen (18) Sessions of Post Operative Physical Therapy between 3/27/2014 and 5/11/2014 is not medically necessary.