

Case Number:	CM14-0056181		
Date Assigned:	07/09/2014	Date of Injury:	12/13/2010
Decision Date:	08/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 41-year-old female who reported an injury on 12/13/2010 caused by an employee kicking her in the head. On 04/02/2013, the injured worker underwent an MRI of the cervical neck that revealed right paracentral disc bulge at C5-C6 with right foraminal narrowing and probable impingement on the exiting nerve root. On 08/2013, the injured worker underwent an ACDF at C5-6. On 09/04/2013, the injured worker was stable post-operatively per the X-rays. On 04/07/2014, the injured worker complained of headaches that are less frequent that improved since surgery. It was noted that she had neck pain and stiffness that are constant since her surgery and headaches are intermittent and are worse by nothing and alleviated by massage therapy. The pain level was noted at a 4/10. On the physical examination of the cervical neck revealed percussion was within normal limits in all 4 extremities without tenderness, obvious masses and swelling. Motion was within normal limits and without pain or crepitus. The muscle strength and tone was normal bulk and without spasticity, flaccidity and atrophy. The medications included Percocet 10/325 mg, Anaprox 275 mg, Valium 10 mg. Diagnoses included cervical disc disease and vascular headache secondary to cervical disc disease. It was noted that the injured worker was undergoing aggressive massage and physical therapy for the cervical spine 2 times a week for 12 sessions. The treatment plan included a cervical traction collar. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Traction Collar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183..

Decision rationale: The request for 1 cervical traction collar is not medically necessary. Per the ACEOM, the guidelines states that a cervical collar is not recommended no more than 1 to 2 days. On 04/02/2013, the injured worker underwent an MRI of the cervical neck that revealed right paracentral disc bulge at C5-C6 with right foraminal narrowing and probable impingement on thee exiting nerve root. On 08/2013, the injured worker underwent an ACDF at C5-6. On 09/04/2013, the injured worker was stable post-operatively per the X-rays. She had attended post-operative sessions of physical therapy. On 04/ 07/2014, the injured worker physical examination of the cervical neck revealed all normal findings in all four extremities and range of motion was within normal limits. As such, there is no documented evidence to warrant 1 cervical traction collar. Given the above, the request is not medically necessary.