

Case Number:	CM14-0077439		
Date Assigned:	07/18/2014	Date of Injury:	08/31/1998
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 was status post work related injury on 08/31/1998 when she had a syncopal episode and a fall with neck and back injury. Her complaints were neck pain radiating to bilateral upper extremities and bilateral shoulder pain. Her diagnoses included lumbar and cervical radiculopathy. Her past medical history included depression, diabetes mellitus, hypertension, dyspepsia and anxiety. She had chronic cervical spine pain syndrome with multilevel degenerative disc disease, past history of anterior cervical discectomy with artificial disc prosthesis at C3-C4 interspace in 2008, removal of instrumentation, exploration of fusion at C4-C5 and C5-C6 with revision decompression and fusion, anterior cervical discectomy and interbody fusion at C6-C7 interspace with anterior spinal instrumentation in 2012. She was status post bilateral shoulder arthroscopic subacromial decompressions. She was using hard cervical collar while being transported in the car and a soft cervical collar at night while sleeping. She was seen by the pain management provider on 05/07/14. She had neck pain radiating down both upper extremities. She had low back pain radiating down both lower extremities. She had ongoing headaches and jaw pain. Pain was 8-9/10 in intensity without medications and 6/10 with medications. Areas of functional improvement include bathing, concentrating, dressing, driving, less medication needed and mood. Pertinent examination findings include 18/18 tender points, spasm noted in paraspinous muscles of C spine, spinal vertebral tenderness in C4-C7, limited range of motion and tenderness with limited range of motion of paravertebral muscles of lumbar spine. The diagnoses included cervical and lumbar radiculopathy, fibromyalgia, headaches, anxiety, depression, hypertension, insomnia and chronic pain. Medications included Halcion, Xanax, MS Contin, Lexapro, Neurontin, Soma, Lidoderm patch, Percocet, Provigil, Lotensin, Motrin, Ritalin, Prilosec, Keflex and Promethazine. A request was sent for cervical epidural injection. The QME from 01/15/14 was also reviewed. X-ray of the cervical spine on 01/15/14

noted seven cervical vertebrae in good alignment, no hardware loosening and no compression fracture or listhesis. An MRI of lumbar spine revealed 2-3mm broad based right paracentral disc protrusion at the L5-S1 level compressing the traversing right S1 nerve root with no frank disc herniations or extrusions. For future medical care, she was encouraged to walk, stationary cycle, perform yoga and water aerobic type exercises. She was asked to use a low, flat or cervical pillow while sleeping. Ambulatory assistive devices were not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deroyal cervical collar X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter cited.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Neck and upper back, Collars.

Decision rationale: According to Official Disability Guidelines, immobilization with cervical collars are recommended in the immediate postoperative period with multilevel fusions and in spinal instability after trauma. In this case, there is no indication for immobilization and rest in chronic cervical spine disorders without instability. In addition, ACOEM guidelines also recommend against use of rest and immobilization of neck in the management of chronic cervicothoracic pain. The employee had multilevel fusion done in 2012. She had no evidence of hardware loosening or instability in her x-ray. Hence, the request for cervical spine collar is not medically necessary and appropriate.

Transportation to all visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute on chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee, Transportation.

Decision rationale: The employee had sustained back and neck injury due to a work place injury. She was status post cervical fusion twice and bilateral shoulder surgeries. She was being treated for cervical and lumbar radiculopathy, anxiety with depression and insomnia. She was being treated with MS Contin, Soma, Lidoderm patch, Percocet, Provigil, Ritalin and Motrin. Her x-ray of cervical spine in Jan 2014 showed no hardware loosening and cervical vertebrae in good alignment. She was driving and was not working. The QME report from January 2014 recommended flat or cervical pillow and exercises. MRI of lumbar spine showed mild disc protrusion with S1 nerve root mild compression. According to Official disability guidelines, transportation to and from appointments is recommended for medically necessary appointments in the same community for patients with disabilities preventing them from self transport. The

documentation submitted for review failed to document the reasons that would keep her from providing transportation on her own. There was no documentation of severe lower extremity weakness that would cause an inability to drive. She had stocking glove non dermatomal hypesthesia of bilateral lower extremities consistent with symptom magnification. The records also do not note that that are significant functional deficits that would preclude driving. The request for transportation for all visits is not medically necessary and appropriate.