

Case Number:	CM14-0181703		
Date Assigned:	11/06/2014	Date of Injury:	12/01/1999
Decision Date:	08/20/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male with an industrial injury dated 12/01/1999. His diagnoses included post laminectomy syndrome, cervical and nonunion of fracture. Prior treatments include lumbar surgery and diagnostics. The injured worker presented on 06/20/2014 for pre-operative history and physical for right lumbar 4-5 decompression/foraminotomy. His chief complaint was radiating pain that went to his right calf. He rated the pain as 7-9/10. He also had worsening neck pain with severe limitations with upper extremity radiation. Physical exam noted tenderness to both cervical and lumbar areas with dysesthesia into both lower extremities. Right straight leg raise was positive. There were significant limitations in cervical motion, especially with rotation to the left. There was also dysthesias into the back of the neck and shoulders. Formal CT and MRI reports are not in the submitted records but are documented by the provider as follows: The lumbar CT scan shows foraminal stenosis at lumbar 4-5 primarily on the right side. His new lumbar showed a broad based disc bulge at lumbar 4-5 causing moderate foraminal stenosis bilaterally. His new cervical MRI does not show any significant abnormality in the cervical spine. There was some disc herniation in the upper thoracic region. The treatment request is for cervical collar and Vascutherm cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vascutherm Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Neck & Upper Back (updated 08/04/2014) Cold Packs, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cold compression therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.

Cervical Collar: 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 & Upper Back (updated 08/04/2014) Collars (cervical).

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

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, page 175 states that cervical collars have not been shown to have any lasting benefit except for comfort in first few days of clinical course in severe cases. It states that Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities. In this case, the most recent exam note from 8/22/14 does not demonstrate an acute neck sprain or strain. Therefore, determination is the request for the cervical collar is not medically necessary.