

<b>Case Number:</b>	CM14-0192370		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 42 year old female who was injured on 3/1/2013. She was diagnosed with bilateral shoulder strain, cervical strain, cervical spinal stenosis, and lumbar strain. She was treated with medications, . She was seen by her pain management physician on 9/24/14, reporting constant neck pain rated 7-8/10 on the pain scale, with associated radiation and numbness to both hands. She also reported low back pain rated 6-7/10 on the pain scale. She reported that her medications helped minimally and that she was experiencing constipation. Physical findings included tenderness of cervical paraspinal muscles, positive Spurling's test, negative cervical compression test, tenderness of her shoulder joints, positive Neer's test and positive Hawkins test on the right shoulder, normal gait, tenderness of the thoracic and lumbar paraspinal muscles, positive straight leg raise decreased sensation below the knees with reduced lower extremity reflexes. She was then recommended MRI of the lumbar spine, Norco, Motrin, Zantac, Cyclobenzaprine, Peri-Colace, and home exercises. The worker also expressed interest in cervical surgery, however, she was recommended to quit smoking before she would become a candidate, and so she was recommended to attend a smoking rehabilitation class (no details provided) in order to proceed with the surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Smoking Rehabilitation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/11475474>: Promoting smoking cessation in the rehabilitation setting (Guilmette TJ1, Motta SI, Shadel WG, MukandJ, Niaura R. (Abstract)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Michigan Quality Improvement Consortium. Tobacco control. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Sep. 1

**Decision rationale:** The MTUS Guidelines do not address tobacco cessation programs, nor does the ODG. Evidence suggests that these programs in general can be helpful, particularly when used in combination with other methods such as medication. In the case of this worker, the provider was recommending smoking cessation in order to qualify for cervical surgery, and a tobacco smoking rehabilitation program was recommended. However, no details in the request were provided such as exact name of program recommended, duration of program, and methods used in the program. Without this information, approval cannot be recommended, and therefore, the Smoking Rehabilitation is not medically necessary.