

Case Number:	CM14-0196016		
Date Assigned:	12/19/2014	Date of Injury:	03/05/2005
Decision Date:	01/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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:

The injured worker (IW) is a 63-year-old woman with a date of injury of March 5, 2005. The mechanism of injury is documented as cumulative trauma. The injured worker's working diagnoses are status post C4-C5 anterior cervical discectomy and fusion performed June 19, 2014; and torticollis. Prior treatments have included post-op physical therapy, and medications. The IW has also received Botox injections to the right sternocleidomastoid muscle, but without benefit. Pursuant to the largely illegible, handwritten progress note dated October 4, 2014, the IW is slowly improving after surgery. The remainder of subjective documentation is illegible. Examination of the cervical spine reveals moderate tilt to the right. There is tenderness to palpation at the bilateral trapezius. Left elbow tenderness to palpation is noted. The remainder of the physical findings are illegible. Treatment plan recommendations include discontinue Norco, and follow-up in 4 to 6 weeks for progress. The treating physical recommends referral to oral surgeon for oral orthotic for torticollis. The current request is for (1) follow-up visit with a specialist for torticollis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with a specialist for torticollis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits, Other Medical Treatment Guideline or Medical Evidence: <http://www.spasmodictorticollis.org/index.cfm?pid=350&pageTitle=A-Possible-Dental-Connection-for-Spasmodic-Torticollis>.

Decision rationale: Pursuant to the Official Disability Guidelines, follow up visit with a specialist for torticollis is not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management of patient visits to the offices of medical doctors play a critical role in the proper diagnosis and return the function of an injured worker and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker is status post cervical spine fusion C4 - C5 discectomy with interbody (?). The injured is 64 years old with a date of injury March 5, 2005. Postoperative treatment has included prescription medications and physical therapy and Botox injections to the right sternocleidomastoid muscle without benefit. The treatment plan includes a referral to an oral surgeon for an oral orthotic for torticollis with ongoing muscle spasm. Review of the literature see attached link indicates research is still going on and positive results are being made. Trials are being done in the field and continued research is needed. Consequently, absent sufficient evidentiary support to use a dental orthotics the treatment of torticollis, follow-up visit with a specialist for torticollis is not medically necessary.