

Case Number:	CM14-0201675		
Date Assigned:	12/12/2014	Date of Injury:	05/10/2013
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 patient is a 31 year old female who was injured at work on 05/10/2013. She is reported to be complaining of constant 6/10 pain in the neck. The pain is sharp and stabbing, worse with movement. It is associated with popping, numbness, tingling, and clicking, with burning in the neck, bilateral shoulders, elbows, forearms and wrists. She reported that the injury has affected most of her activities of daily living and she has difficulty with lifting, carrying, gripping and opening water bottles, jars or opening doors. She sleeps 3-4 hours a night and wakes up approximately twice a night with frequent nightmares and anxiety. The physical examination revealed weakness of the arms. She has been diagnosed of cervical radiculopathy, Lumbomusculocutaneous injury, and lumbarparaspinal muscle spasm, lumbar radiculitis/radiculopathy of lower extremity, sacrolitis of right sacroiliac joint, lumbar disc herniation, severe anxiety and depression, ulnar nerve compression. MRI of 07/24/2014 of the right elbow showed mild lateral epicondylitis. MRI of 07/22/2014 of left elbow was unremarkable. Treatments have included pain relieving ointments, pain relieving patches, chiropractic and physical therapy, acupuncture, pain injections and pain management. Utilization Review dated 11/11/2014 denied the requested Back Brace purchase-cervical, as not consistent with the recommendations contained in the California Medical Treatment Utilization Schedule (California MTUS/ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 8 (Neck and Upper Back Complaints)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace purchase- Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 181 and 308.

Decision rationale: The injured worker sustained a work related injury on 05/10/2013. The medical records provided indicate the diagnosis of cervical radiculopathy. The medical records provided for review does not indicate a medical necessity for Back Brace purchase- Cervical. The MTUS recommends against the use of cervical brace beyond 1-2 days after the injury due to the possibility of weakness resulting from its use; also, the MTUS recommends against the use of corset for the back. Therefore, the requested treatment is not medically necessary and appropriate.