

Case Number:	CM14-0025413		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2013
Decision Date:	01/06/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Spine Surgery 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 is a 53-year-old female who reported an injury on 05/01/2013. The mechanism of injury was the injured worker was pulling an object off a shelf in a case. A case of glass jelly jars fell and struck the injured worker on the top of her head. Other therapies included physical therapy. The injured worker was noted to undergo an electromyography (EMG) and nerve conduction study on 08/29/2013, which revealed bilateral carpal tunnel syndrome. The injured worker was noted to have an MRI of the cervical spine on 01/28/2014, which revealed at C4-5, there was a 6 mm disc herniation with moderate central stenosis with deformity of the cord but no myomalacia. At C5-6, there was a 4 mm broad based disc bulge causing moderate central stenosis and bilateral neural foraminal stenosis. At C6-7, there was a 3 mm broad based disc bulge extending to the bilateral neural foramen causing mild central stenosis and moderate bilateral neural foraminal stenosis. The injured worker underwent an x-ray of the cervical spine, which revealed a kyphosis at C4-5 with spondylosis at C4-5, C5-6, and C6-7 with normal flexion and extension films. The injured worker's medications included Naprosyn 550 mg twice a day and Omeprazole 20 mg daily. The documentation of 01/06/2014 revealed that the injured worker had pain in the left shoulder and elbow that was burning and produced numbness and tingling. The surgical history was noncontributory. The physical examination revealed the injured worker had left sided paracentral tenderness at C4-7 and left upper trapezii with numerous trigger points. The injured worker had decreased range of motion of the cervical spine. The injured worker had motor strength of 4/5 bilaterally in the upper extremities. Deep tendon reflexes were 2 bilaterally. The injured worker had a Spurling's sign and Lhermitte's test that produced neck pain bilaterally. The injured worker had decreased strength in the left hand as per the dynamometer. The diagnoses included cervical sprain/strain, multilevel spondylosis with radiculopathy in the left upper extremity, possibly also right upper extremity, left shoulder sprain/strain, left greater than

right epicondylitis and upper extremity tendonitis, and bilateral carpal tunnel syndrome per EMG criteria. The treatment plan included an MRI of the cervical spine and left shoulder. There was no Request for Authorization or rationale submitted for the requested surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft Cervical Collar Post Cervical Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapters, Cervical Collars

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Cervical Collar, Post-Operative (Fusion)

Decision rationale: The Official Disability Guidelines do not recommend a post-operative cervical collar after a single level anterior cervical fusion with a plate and the use of a cervical brace does not improve the fusion rate. The surgical intervention was found to be medically necessary. However, this request would not be supported. Given the above, the request for soft cervical collar post cervical surgery is not medically necessary.

Post-Operative Cold Therapy Unit for the Cervical Spine: 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 Chapter, 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) Neck & Upper Back Chapter, Continuous-flow cryotherapy

Decision rationale: The Official Disability Guidelines do not recommend continuous flow cryotherapy for the neck. The request as submitted failed to indicate whether the unit was for rental or purchase. The surgical intervention was found to be medically necessary. However, this request would not be supported. Given the above, the request for post-operative cold therapy unit for the cervical spine is not medically necessary.