

<b>Case Number:</b>	CM15-0140588		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 61 year old female who sustained a work related injury May 31, 2011. While lifting a patient weighing 450 pounds with another nurse, she experienced a sudden onset of neck and right shoulder pain. Past history included status post cervical fusion. An MRI of the cervical spine, dated March 17, 2015, (report present in the medical record) revealed fusion at C6-7 appears satisfactory; retrolisthesis is 2 mm at C4-5; disc degeneration is mild at C4-5; C3-4 mild right foraminal stenosis, C4-5 mild bilateral foraminal stenosis, C5-6 mild bilateral foraminal stenosis. A neurosurgical consultation was performed May 18, 2015. The injured worker was complaining of neck pain, interscapular pain with right lateral neck pain upon rotation, right greater than left. The pain goes into the upper thoracic paraspinal area and is repetitive with repetitive neck motion. She has undergone acupuncture and massage to no benefit and is currently trying yoga and a treadmill. The physician advised the injured worker that she does not require further neurological attention and is not a surgical candidate. Further, the pain she is having she can expect hereafter. He discussed the importance of body posture and mechanics, avoidance of direct trauma, and recommended exercise of warm water swimming. According to a primary treating physician's progress report, dated June 24, 2015, the injured worker presented with complaints of continued neck pain, which radiates into the shoulders and down the back. Her sleep is improving from 2-5 hours and she is attending yoga and utilizing a TENS (transcutaneous electrical nerve stimulator) unit, which helps decrease the pain. Objective findings included; cervical pain spasms and tenderness with radiation of pain into both upper extremities with limited range of motion. Diagnoses are status post cervical fusion approximately 2000; insomnia. Treatment plan included medication, follow-up visit in six weeks and at issue, a request for authorization for Tiger Tail equipment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tiger tail equipment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. It does not serve a primary medical purpose that cannot be accomplished without it. Therefore criteria have not been met per the ODG and the request is not certified.