

Case Number:	CM15-0161712		
Date Assigned:	08/27/2015	Date of Injury:	04/02/2012
Decision Date:	10/06/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female sustained an industrial injury to the neck on 4-2-12. Computed tomography (undated) cervical spine showed ossification of the posterior longitudinal ligament with spinal stenosis. Previous treatment included physical therapy, acupuncture, injections and medications. In a PR-2 dated 6-29-1-5, the injured worker complained of worsening neck pain with radiation to the head associated with muscle spasms. The injured worker rated her pain 7-8 out of 10 on the visual analog scale. The injured worker reported that her pain was tolerable with medications. Physical exam was remarkable for muscle spasm in bilateral paraspinal musculature with tenderness to palpation to the posterior cervical area, slightly ataxic gait and, decreased range of motion. The injured worker had a slightly antalgic gait and had difficulty with heel walking and toe walking. Current diagnoses included closed head injury with persistent headaches, cervical strain, herniated nucleus pulposa C3-4 status post fusion and spinal stenosis with myeloradiculopathy. The treatment plan included anterior cervical fusion and postoperative polar care unit and medications (Naproxen Sodium, Cyclobenzaprine, and Toradol).

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar care unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck, Topic: Cold packs, Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend cold packs for the neck area for the first few days. However, continuous flow cryotherapy is not recommended for the cervical spine. ODG guidelines recommend continuous-flow cryotherapy post-operatively for the shoulder and knee. The generally recommended duration of use is for seven days. Cold packs are recommended for the neck. The request for the Polar Care unit does not specify if it is a rental or purchase and also does not specify the duration of the rental. As such, the medical necessity of the request for the Polar Care unit has not been substantiated.

Toradol IM injection (unknown dose) (DOS 6/29/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Ketorolac Page(s): 72.

Decision rationale: Toradol (Ketorolac) is an NSAID, which can be used as an analgesic in the short-term. The request as stated is for a Toradol IM injection. However, it does not specify the dosage and as such, the medical necessity of the request cannot be determined. Therefore, this request is not medically necessary.