

Case Number:	CM15-0190425		
Date Assigned:	10/02/2015	Date of Injury:	03/03/2015
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, California

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 59 year old male, who sustained an industrial injury on 3-3-2015. The injured worker was being treated for cervical spine musculoligamentous sprain and strain with left upper extremity radicular symptoms, severe stenosis at C4-5 (cervical 4-5) and myelomalacia with multiple disc bulges and left shoulder impingement syndrome, periscapular strain, rule out rotator cuff tear. On 7-31-2015, the injured worker reported increased left shoulder pain with limited range of motion and neck radiating down the right upper extremity. He reported his pain was helped with the use of the H-Wave and his left shoulder [pain was helped by an injection. The physical exam (7-31-2015) revealed tenderness to palpation over the posterior cervical paravertebral musculature. There was a positive compression test with increased radicular symptoms to the right upper extremity, decreased range of motion, and intact deep tendon reflexes in the bilateral upper extremities. There was tenderness to palpation over the supraspinatus tendon and the acromioclavicular joint. There were positive impingement and cross arm tests and decreased range of motion. Per the treating physician (3-11-2015 report), an MRI of the cervical spine revealed multilevel disc bulges with severe spinal stenosis at C4-5 and an abnormal signal within the cord consistent with myelomalacia. On 3-19-2015, an MRI of the left shoulder revealed mild supraspinatus tendinosis and mild degenerative changes of the acromioclavicular joint. On 3-23-2015, electrodiagnostic studies of the left upper extremity revealed left carpal and cubital tunnel syndromes. Treatment has included physical therapy, acupuncture, a transcutaneous electrical nerve stimulation (TENS) unit, an H-Wave trial, off work, work modifications, a shoulder steroid injection, and medications including oral pain, topical pain, muscle relaxant, antidepressant, steroid, and non-steroidal anti-inflammatory.

On 7-31-2015, the requested treatments included a pain management consultation and 1 cervical spine collar-cervical spine pillow. The medication list include Nortriptyline, Norco, Cyclobenzaprine, Bisacodyl, Prednisolone, Ibuprofen, Meloxicam and Tylenol #4. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Request: Pain Management Consultation. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has had diagnosis of cervical spine musculoligamentous sprain and strain with left upper extremity radicular symptoms, severe stenosis at C4-5 (cervical 4-5) and myelomalacia with multiple disc bulges and left shoulder impingement syndrome, periscapular strain, rule out rotator cuff tear. On 7-31-2015, the injured worker reported increased left shoulder pain with limited range of motion and neck radiating down the right upper extremity. There was a positive compression test with increased radicular symptoms to the right upper extremity, decreased range of motion. There were positive impingement and cross arm tests and decreased range of motion. Per the treating physician (3-11-2015 report), an MRI of the cervical spine revealed multilevel disc bulges with severe spinal stenosis at C4-5 and an abnormal signal within the cord consistent with myelomalacia. On 3-23-2015, electrodiagnostic studies of the left upper extremity revealed left carpal and cubital tunnel syndromes. The medication list includes Nortriptyline, Norco, Cyclobenzaprine, Bisacodyl, Prednisolone, Ibuprofen, Meloxicam and Tylenol #4. Therefore, this is a complex case and the patient is also on more than one controlled substances. The management of this case would be benefited by a Pain Management Consultation. The request for referral to a Pain Management Consultation is medically necessary and appropriate for this patient.

1 Cervical Spine Collar/Cervical Spine Pillow: 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).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ODG neck and upper back chapter, (updated 06/25/15), Pillow.

Decision rationale: 1 Cervical Spine Collar/Cervical Spine Pillow. Per the ACOEM guidelines cited below "cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, 'pre-injury' activities." There is no high-grade scientific evidence to support the use of cervical spine collar for this diagnosis. As per the cited guideline "Pillow: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise." Whether the neck pillow was going to be used in conjunction with daily exercise was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The previous PT visit notes are not specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to oral medications is not specified in the records provided. A recent surgery or procedures related to this injury were not specified in the records provided. The medical necessity of the request for cervical spine collar/cervical spine pillow is not fully established for this patient.