

<b>Case Number:</b>	CM15-0224716		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 60 year old male with a date of injury on 09-26-2011. The injured worker is undergoing treatment for degenerative joint disease of the cervical spine, chronic neck pain, and bilateral wrist pain. A physician progress note dated 09-29-2015 documents the injured worker complains of chronic neck pain, and bilateral wrist pain. He is positive for a ganglion cyst on the right wrist versus degenerative joint disease. There is decreased wrist range of motion. He is not working. Treatment to date has included diagnostic studies, medications, cervical epidural injections, physical therapy, and chiropractic sessions. An unofficial Magnetic Resonance Imaging of the cervical spine revealed C3-4 a broad based disc bulge with mild facet arthrosis. At C4-5 there is mild disc desiccation with a disc bulge and moderate facet arthrosis creating mild to moderate neuroforaminal stenosis bilaterally, and at C5-C6 there is a central broad based disc bulge and moderate facet arthrosis causing severe neural foraminal stenosis bilaterally as well as mild to moderate central canal stenosis. At C6-C7 there is moderate disc desiccation with central broad based disc bulge and moderate facet arthrosis. Findings are causing moderate to severe neuroforaminal stenosis. Treatment plan includes a head halter unit, pain management and a hand specialist. The Request for Authorization dated 10-09-2015 includes a head halter unit. On 10-19-2015 Utilization Review non-certified the request for a head halter unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Head halter unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** Pursuant to the ACOEM, head halter unit is not medically necessary. The ACOEM (chapter 8, pages 173 & 174) indicate there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, TENS, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. In this case, the injured workers working diagnoses are DJD cervical spine; and chronic neck pain. Subjectively, worker complains of chronic neck pain and bilateral wrist pain. Objectively, there is a ganglion cyst of the right wrist versus v. DJD of the wrist. Range of motion is decreased at the wrist. There is no physical examination of the cervical spine. The treatment plan includes a request for a head halter treatment. There is no clinical rationale or indication for the head halter treatment. The guidelines recommend a trial basis for these treatments, but should be monitored closely. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with an objective physical examination of the cervical spine and any clinical indication or rationale for the head halter unit, head halter unit is not medically necessary.