

Case Number:	CM14-0146101		
Date Assigned:	09/12/2014	Date of Injury:	06/11/2010
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation 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 64-year-old female with a reported injury on 06/11/2010. The mechanism of injury was falling off a stool while on the job. The injured worker's diagnoses include status post cervical spine surgery in 06/2014, status post lumbar spine surgery 05/17/2014, and bilateral torn meniscus. The injured worker's previous treatments included medications, rest, immobilization, epidural steroid injections, trigger point injections, physical therapy, chiropractic care, acupuncture, and behavioral modification. The injured worker's previous diagnostic testing included an MRI of the lumbar spine and an MRI to the cervical spine. On 05/01/2014, the clinician indicated that the injured worker's cervical range of motion was improved, flexion was measured at 32 degrees from 30 degrees, extension remained at 28 degrees, lateral right and left flexion remained at 38 degrees, and bilateral rotation remained at 7 degrees. The injured worker was evaluated on 08/04/2014 for neck pain, which was described as intermittent and rated as 4/10. The injured worker also complained of constant low back pain, rated at 8/10 to 10/10, radiating to both legs with numbness, tingling, and cramping. The injured worker stated she was worse after the injection than in 05/2014. The clinician observed and reported tender lumbar and cervical paraspinal muscles. The clinician's treatment plan was to continue core strengthening exercises, return to clinic in 4 to 6 weeks, and obtain an MRI for the lumbar spine. No medication list was provided. The requests were for [REDACTED] Cervical Hard Collar, Thermacooling system (hot/cold/compression therapy), and water circulating wrap for 6 weeks. No rationale for these requests was provided. The Request for Authorization form was submitted, but is undated.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ Cervical Hard Collar: 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 Updated 08/04/2014 Collars (Cervical)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Collars (cervical).

Decision rationale: The request for ██████ Cervical Hard Collar is not medically necessary. The injured worker does complain of neck pain. The California MTUS/ACOEM Guidelines do not recommend use of a cervical collar for more than 1 or 2 days. The Official Disability Guidelines state cervical collars are not recommended for neck sprains. They may be appropriate where post-operative and fracture indications exist. There is no documentation of an upcoming surgery. No documentation was provided regarding a cervical strain. Additionally, the request does not indicate the frequency or length of use for the ██████ Cervical Hard Collar. Therefore, the request for ██████ Cervical Hard Collar is not medically necessary.

Thermacooling System (Hot/Cold/Compression Therapy): 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 & Upper Back (updated 08/04/2014 Heat/Cold Applications

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Cold packs; Continuous-flow cryotherapy.

Decision rationale: The request for Thermacooling System (Hot/Cold/Compression Therapy) is not medically necessary. The injured worker continued to complain of neck pain and stiffness that was intermittent and rated as 4/10. The Official Disability Guidelines state insufficient testing exists to determine the effectiveness, if any, of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of documentation adverse effects, local applications of cold packs may be applied during the first few days of symptoms, followed by applications of heat packs to suit the injured worker. Continuous-flow cryotherapy is not recommended in the neck. There is no indication of an upcoming surgery. Additionally, the request for Thermacooling System (Hot/Cold/Compression Therapy) did not include where it was to be applied or the frequency or duration of application. Therefore, the request for Thermacooling System (Hot/Cold/Compression Therapy) is not medically necessary.

Water Circulating Wrap For 6 Weeks: 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 & Upper Back (updated 08/04/2014) 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 and Upper Back, Continuous-flow cryotherapy.

Decision rationale: The request for Water Circulating Wrap For 6 Weeks is not medically necessary. The injured worker continued to complain of neck pain and stiffness that was intermittent and rated 4/10 in intensity. The California MTUS/ACOEM Guidelines do not address water circulating wraps. The Official Disability Guidelines do not recommend continuous flow cryotherapy in the neck. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. No upcoming surgery or recent surgery is documented. The last cervical surgery was in 01/2014 and a lumbar surgery was in 05/2014. Additionally, the request for water circulating wrap for 6 weeks did not include a body part for which it was ordered or a frequency of use. Therefore, the request for Water Circulating Wrap For 6 Weeks is not medically necessary.