

Case Number:	CM14-0164462		
Date Assigned:	10/09/2014	Date of Injury:	06/03/2011
Decision Date:	11/13/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 61 year old male foreman operator with a date of injury on 6/3/2011. He was shoveling a street and was struck by a motor vehicle. He lost consciousness and had a cervical fusion in 2013. He has ongoing complaints of neck pain. Progress notes from the treating physician from July 11, 2014 and Aug 20, 2014 were reviewed. The exam is notable for fixed forward posture, restriction in cervical range of motion, positive compression test, positive Spurling's test, muscle spasm in the trapezius and scapular region, and bilateral deltoid weakness. His diagnoses include chronic pain syndrome, cervical discogenic disease, cervicgia sprain/strain, C3-4, C4-5 cervical stenosis with protrusions, lumbar pain/strain, lumbar myofascial pain syndrome, left lower extremity radiculopathy, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Rehab Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A simple design for cervical traction kit. Iyor FT. Trop Doct. 2003 Oct;33(4):216-7. Thera-Band® Rehabilitation Neck/Cervical Kit

<http://www.orthoshops.com/Thera-Band-Rehabilitation-Neck-Cervical-Kit.htm> MeyerDC
Neck/Cervical Rehab Kit <https://www.meyerdc.com/neck-cervical-rehab-kit>

Decision rationale: A cervical rehab kit is not addressed in the Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine guidelines or Official Disability Guidelines. There is no explanation of what this kit is. There is no explanation of the benefits of this kit, how it works, possible complications, or side effects. A literature review for a cervical rehabilitation kit produced no entries. Medical necessity and evidence-based outcomes have not been shown. Therefore, the request is not medically necessary.