

Case Number:	CM14-0211659		
Date Assigned:	12/24/2014	Date of Injury:	09/12/2011
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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

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:

The injured worker is a 56-year-old female who reported an injury on 09/12/2011 due to an unspecified mechanism of injury. On 08/13/2014, she presented for a followup evaluation. She reported constant pain in the cervical spine aggravated by repetitive motions of the neck and pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. She rated her pain at a 7/10 and also reported persistent pain in the bilateral upper extremities aggravated by repetitive motions. A physical examination showed palpable paravertebral muscle tenderness with spasm in the cervical spine. There was a positive axial loading compression test, positive Spurling's maneuver, and range of motion was limited by pain. There is no clinical evidence of instability on examination and there was tenderness and numbness into the anterolateral shoulder and arm and lateral forearm and hand greatest over the thumb correlating in a C5 through C6 dermatomal pattern. There was also 4/5 strength in the deltoid biceps and wrist extensors. Examination of the upper extremities showed a positive palmar compression test with subsequent Phalen's maneuver, positive Tinel's sign over the carpal canal, and positive Tinel's sign at the left elbow. There was pain with terminal flexion, no clinical evidence of instability, and diminished sensation of the digits. She was diagnosed with cervical discopathy, status post right carpal tunnel/cubital tunnel release, and carpal/cubital tunnel syndrome/double crush syndrome. It was stated that the injured worker had failed conservative treatment including 2 cervical epidural steroid injections and consideration would be made for a cervical spine surgery. The treatment plan was for a Miami J collar with thoracic extension, 3 day inpatient stay, and medical clearance with an internist. A Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miami J collar with thoracic extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The CAMTUS/ACOEM Guidelines state that 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. There is no documentation stating a clear rationale for the medical necessity of the Miami J collar with thoracic extension. There was no evidence of instability on the injured worker's physical examination and therefore, the requested collar would not be supported. In addition, the injured worker was not noted to be within the first few days of injury and her case was not noted to be severe. Therefore, the request would not be supported. As such, the request is not medically necessary.

3 day inpatient stay: 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) hospital length of stay guidelines

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, Hospital Length of Stay.

Decision rationale: The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. While it is stated that consideration would be made for a cervical spine surgery and a medical clearance would be appropriate prior to a surgical intervention, a clear rationale was not provided for the medical necessity of a medical clearance with an internist rather than the injured worker's primary care provider. Without documentation regarding the medical necessity of a medical clearance with an internist, the request would not be supported. Given the above, the request is not medically necessary.

1 medical clearance with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

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, Office Visits.

Decision rationale: The Official Disability Guidelines state that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. While it is stated that consideration would be made for a cervical spine surgery and a medical clearance would be appropriate prior to a surgical intervention, a clear rationale was not provided for the medical necessity of a medical clearance with an internist rather than the injured worker's primary care provider. Without documentation regarding the medical necessity of a medical clearance with an internist, the request would not be supported. Given the above, the request is not medically necessary.