

Case Number:	CM15-0014600		
Date Assigned:	02/02/2015	Date of Injury:	08/31/1998
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who reported an injury on 08/31/1998. The mechanism of injury was not provided. Her diagnoses were noted as cervical and lumbar radiculopathy. Her past treatments were noted to include medication, injections, physical therapy, home exercise program, a cane, and a soft cervical spine collar. Her diagnostics were noted to include an official MRI of the lumbar spine, performed on 03/25/2014, which was noted to reveal an intervertebral disc desiccated and mildly reduced in height at the L5-S1 level. Her surgical history was noted to include anterior cervical discectomy with artificial disc prosthesis at C3-4 interspace, removal of instrumentation, exploration and fusion at C4-5 and C5-6, with revision decompression/fusion, anterior cervical discectomy, and interbody fusion at C6-7 interspace with anterior spinal instrumentation, performed on 02/17/2012. During the assessment on 12/16/2014, the injured worker complained of constant neck pain that radiated down the bilateral upper extremities into the fingers. She indicated the pain was accompanied by tingling frequently in the bilateral upper extremities to the level of the fingers, with numbness frequently in the bilateral upper extremities and muscle weakness. She indicated neck pain was also associated with bilateral occipital and bilateral temporal headaches. The injured worker complained of frequent muscle spasms in the neck area, and described the pain as sharp and stabbing. The injured worker also complained of constant back pain that radiated down the bilateral lower extremities. She indicated the pain was accompanied by frequent numbness in the bilateral lower extremities to the level of the feet with tingling. She indicated the pain was aggravated by activity and walking. She rated the pain an 8/10 with medications and 9/10

without medications. Physical examination of the cervical spine revealed decreased lordosis. There was spasm noted bilaterally in the paraspinous muscles. There was tenderness to palpation at the trapezius muscles bilaterally. The physical examination of the lumbar spine revealed tenderness upon palpation in the paravertebral area L3 to S1 levels and in the bilateral buttocks. The myofascial trigger points with twitch responses were noted in the paraspinous muscle on the right. Range of motion of the lumbar spine was moderately to severely limited. There was pain increased with flexion and extension. There was a positive straight leg raise bilaterally at 45 degrees in the seated position. Her medications were noted to include Halcion 0.5 mg, Xanax 1 mg, Lidoderm 5% patch, MS Contin 30 mg, Lexapro 10 mg, Neurontin 600 mg, Percocet 10/325 mg, Provigil 100 mg, Norflex 100 mg, Lotensin 20 mg, Motrin 800 mg, Prilosec 20 mg, and Ritalin 40 mg. The treatment plan was to continue with home exercise program, request the lumbar transforaminal steroid injection, and continue with the current medication regimen. The rationale for the request was not provided. The Request for Authorization Form was dated 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines on version, Neck Braces and Supports

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment (DME)

Decision rationale: The request for a cane is not medically necessary. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The use of a cane would be considered durable medical equipment, as it meets the definition according to the evidence based guidelines. However, the rationale for the request was not provided in the clinical documentation. Given the above, the request is not medically necessary.

Soft c/s collar (cervical): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines- online version- Neck Braces and supports

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, Collars (cervical)

Decision rationale: The request for soft c/s collar (cervical) is not medically necessary. The Official Disability Guidelines indicate that cervical collars are not recommended for neck sprains. Patients diagnosed with whiplash associated disorders and other related acute neck disorders may commence normal, preinjury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. The clinical documentation did not indicate the rationale for the requested cervical collar. Due to the lack of rationale not included with the clinical documentation and the use of cervical collars not being recommended for neck sprains, the request is not medically necessary.

Incontinence pads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines online version DME Disposable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment (DME)

Decision rationale: The request for incontinence pads is not medically necessary. The Official Disability Guidelines recommend durable medical equipment generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. The use of incontinence pads would be considered durable medical equipment, as it meets the definition according to the evidence based guidelines. However, the rationale for the request was not provided in the clinical documentation. Given the above, the request is not medically necessary.