

Case Number:	CM15-0039444		
Date Assigned:	03/09/2015	Date of Injury:	07/06/2011
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 61 year old male, who sustained a work related injury on 7/6/11. He was in a motor vehicle accident. The diagnoses have included neck sprain, cervical spondylosis with bilateral upper extremity radiculopathy, herniated nucleus pulposus at C5-6 and C6-7 and cervical spine stenosis. Treatments to date have included cervical epidural steroid injection on 8/8/14 with 50-60% improvement, medications, aquatic therapy, home exercise program, MRI cervical spine 6/26/14 and cervical spine surgery on 1/21/15. In the PR-2 dated 2/3/15, the injured worker complains of intermittent postoperative neck pain with associated itching. He is wearing neck brace and is compliant. He states he is feeling much better and his pain is reduced. Treatment plan is to have the injured worker to continue wearing neck brace for two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

35 day rental of Q-Tech cold therapy unit and universal wrap purchase: Upheld

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

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Neck and Upper back regarding continuous flow cryotherapy, it is not recommended in the neck. Local application of cold packs is recommended by the ODG Neck and Upper Back section. Therefore determination is for non-certification for the requested cold therapy unit and universal wrap purchase.

Olympia soft cervical collar purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Collars (Cervical).

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

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, page 175 states that cervical collars have not been shown to have any lasting benefit except for comfort in first few days of clinical course in severe cases. It states that Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, preinjury activities. In this case the exam notes from 2/3/15 do not demonstrate any objective criteria to require a postoperative collar. Therefore determination is for non-certification.