

Case Number:	CM15-0063432		
Date Assigned:	04/09/2015	Date of Injury:	05/02/2001
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 63 year old female, who sustained an industrial injury on 5/2/01. The injured worker was diagnosed as having post lumbar laminectomy/discectomy, lumbar (HNP) herniated nucleus pulposus, cervical (HNP) herniated nucleus pulposus, cervical sprain/strain and left knee sprain/strain. Treatment to date has included lumbar laminectomy and discectomy, oral medications, spinal cord stimulator, physical therapy and home exercise program. Currently, the injured worker complains of neck, left knee and lower back pain. Upon physical exam, healed surgical scar is noted along with pain and tenderness over the lower lumbar segments and increased muscle tone with guarding of lumbar musculature and restricted range of motion. Pain and tenderness were noted over the medial joint of the left knee and pain and tenderness over the cervical segments with increased muscle tone of the cervical musculature with mild restricted range of motion of cervical spine. The treatment plan included post-operative physical therapy, orthopedic bed/mattress, compression stocking and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical compression collar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back, Collars (cervical).

Decision rationale: Cervical collars are not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. Cervical collars may be appropriate where post-operative and fracture indications exist. In this case, the patient has diagnosis of cervical herniated disc. There is no medical indication for cervical collar. The request is not medically necessary and should not be authorized.

Orthopedic bed mattress: 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), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic: Mattress selection.

Decision rationale: There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, there is no documentation that the patient is at risk for developing pressure ulcers. The request is not medically necessary and should not be authorized.