

Case Number:	CM14-0173425		
Date Assigned:	10/24/2014	Date of Injury:	08/21/1998
Decision Date:	11/25/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency Medicine and is licensed to practice in California. 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 64 year-old female, who sustained an injury on August 21, 1998. The mechanism of injury occurred from repetitive neck movement. Pertinent diagnostics were not noted. Treatments have included: cervical fusion, medications, physical therapy, TENS, massage therapy. The current diagnoses are: cervical disc herniation, status post cervical fusion, reactive depression. The stated purpose of the request for 1 session of soft tissue immobilization and ultrasound treatment for the cervical spine was not noted. The request for 1 session of soft tissue immobilization and ultrasound treatment for the cervical spine was denied on October 16, 2014, noting that these treatments are not guideline supported. Per the report dated October 1, 2014, the treating physician noted complaints of pain to the head, neck and upper extremities with numbness and tingling to the hands. Exam findings included restricted cervical range of motion, palpable cervical paraspinal tenderness and trigger points.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 session of soft tissue immobilization and ultrasound treatment for the cervical spine.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174,181-182.

Decision rationale: The requested 1 session of soft tissue immobilization and ultrasound treatment for the cervical spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Pages 173-174, Pages 181-182, do not recommend cervical immobilization beyond the acute phase of injury nor ultrasound as an isolated therapeutic modality. The injured worker has pain to the head, neck and upper extremities with numbness and tingling to the hands. The treating physician has documented restricted cervical range of motion, palpable cervical paraspinal tenderness and trigger points. The treating physician has not documented the medical necessity for these therapeutic procedures as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, 1 session of soft tissue immobilization and ultrasound treatment for the cervical spine is not medically necessary.