MAXIMUS Federal Services

Case Number:	CM13-0019764		
Date Assigned:	04/16/2014	Date of Injury:	06/17/2011
Decision Date:	05/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation 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:

This 47 year-old male sustained an injury on 6/17/11 while employed by [redacted]. Request under consideration include a Cervical Brace. Report from the provider noted patient with increasing neck pain radiating to upper neck and arms. Conservative care has included cervical and lumbar epidural steroid injections, physical therapy, and medications. The patient is status post (s/p) bilateral carpal tunnel release surgeries without relief; reports weakness with difficulty in grasp. Exam showed wide-based gait; diffuse tenderness to palpation of cervical spine, increased with extension past 10 degrees and with rotation; diffuse weakness in bilateral upper extremities; weak grip strength; diminished sensation of entire hand; mildly positive Hoffman's. Diagnoses included cervical spinal stenosis. Treatment plan for cervical brace was non-certified on 8/22/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Regarding the request for a cervical brace, ACOEM guidelines states cervical collars/brace have not demonstrated any lasting benefit, except for the first few days in severe cases and may in fact, cause weakness and debilitation from its prolonged use of immobilization. ODG also does not recommend cervical collars for neck sprain and strain or even post one-level cervical fusion due to lack of scientific benefit from bracing. Submitted reports have not adequately demonstrated the indication or necessity for this cervical brace for this chronic injury of June 2011. The Cervical Brace is not medically necessary and appropriate.