

<b>Case Number:</b>	CM13-0039855		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 patient is a 51-year-old female who reported an injury on 01/08/2010. The mechanism of injury was noted to be the patient was dealing with a tracheostomy client who became combative. The combative client grabbed the patient's right arm, twisting and pulling it. The clinical documentation indicated the patient's diagnosis was spinal stenosis in the cervical region. The request was made for a cervical neck brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a cervical neck brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ACOEM Guidelines indicate that the use of a cervical collar is not recommended for more than 1 or 2 days. There was a lack of documentation indicating a request for the service and as such, a lack of rationale. The patient underwent a revision of a fusion C5-6 with 8 mm PEEK spacer and interbody bone grafting on 04/08/2013. There was a lack of clinical documentation, including the rationale for a cervical collar. There was a lack of

documentation including the examination date or RFA for the request. Given the above, the request for 1 Purchase of DME- Cervical Neck Brace is not medically necessary.