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| Case Number: | CM13-0040805 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/30/2005 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 66-year-old male who reported an injury on 11/30/2005. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his bilateral shoulders, neck, and low back. The injured worker was evaluated on 09/05/2013. It was documented that the injured worker had ongoing pain complaints with increased neck pain radiating into the upper extremities and increased low back pain radiating into the bilateral lower extremities. Physical examination documented tenderness to palpation over the cervical paraspinal musculature with restricted range of motion secondary to pain and reproducible "shooting type" pain into the bilateral upper extremities. Evaluation of the bilateral shoulders documented generalized weakness, limited range of motion secondary to pain, positive Neer sign and Hawkins test. Evaluation of the lumbar spine documented tenderness to palpation of the paraspinal musculature with limited range of motion, normal deep tendon reflexes. The injured worker's diagnoses included a cervical spine disc bulge, rotator cuff injury of the bilateral shoulders with osteoarthritis, and a lumbar spine disc bulge. The injured worker's treatment plan included a cane to assist with a awkward gait secondary to low back pain, and a cervical collar to be intermittently used for supportive measures due to increased neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-COLLAR: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The requested C-collar is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend 1 to 2 days of immobilization for acute injuries of the cervical spine. Clinical documentation does indicate that the injured worker has had an acute exacerbation of pain of the cervical spine. Therefore, 1 to 2 days of immobilization may benefit this injured worker. However, the request as it is submitted does not clearly define treatment duration. Therefore, the appropriateness of the request itself cannot be determined as guideline recommendations only recommend 1 to 2 days of treatment with a cervical collar. As such, the requested C-collar is not medically necessary or appropriate.