

Case Number:	CM13-0052248		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2009
Decision Date:	06/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational 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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 2, 2009. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; and topical agents. In a Utilization Review Report of October 3, 2013, the claims administrator denied a request for a neck brace, citing non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines, the former of which was mistakenly labeled as originating from the 2004 ACOEM Guidelines. The patient's attorney subsequently appealed. In a November 25, 2013 progress note, the patient was described as having ongoing issues with neck and shoulder pain with co morbidities including diabetes and hypertension. Exalgo, Norco, Mobic, and an epidural steroid injection were sought. The patient's work status was not stated. In an earlier note of July 30, 2013, the attending provider offered the patient a cervical brace, aquatic therapy and various interventional injections. Norco, Neurontin, and Tramadol were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IS NOT MEDICALLY NECESSARY AND APPROPRIATE: Upheld

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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 175, cervical collars have not been shown to have any lasting benefit except for comfort in the first few days of the clinical course in severe cases. ACOEM further notes that prolonged usage of cervical collars or cervical braces will ultimately contribute to debilitation. In this case, the attending provider has not proffered any patient-specific rationale, narrative, or commentary so as to try and offset the unfavorable ACOEM recommendation. There is no evidence that the patient has an unstable fracture which would benefit from immobilization. Accordingly, the request remains not certified, on Independent Medical Review.