

Case Number:	CM14-0001167		
Date Assigned:	01/22/2014	Date of Injury:	08/01/2009
Decision Date:	06/12/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in 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 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 48-year-old female who reported an injury on 08/01/2009 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/03/2013 for reports of spasms in her neck. The exam noted tenderness along the shoulder girdle on the right side with spasm. Shoulder abduction was noted at 90-100 degrees with discomfort and tenderness noted. The diagnoses included discogenic cervical condition with multilevel bulging noted, bilateral impingement syndrome and status post rotator cuff repair on the right, discogenic lumbar condition, carpal tunnel syndrome and cubital tunnel syndrome. The treatment plan included a trigger point injection to the shoulder, continued medications and collar with gel. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR A COLLAR WITH GEL, DATE OF SERVICE (DOS): 12/3/13 QTY: 1.00: 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- TWC, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, NECK & UPPER BACK (ACUTE & CHRONIC) (UPDATED 12/23/11), PAGE 11.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK, BACK BRACE, POST OPERATIVE (FUSION).

Decision rationale: The Official Disability Guidelines do not recommend cervical collars for neck sprains. The guidelines note that cervical collars may be appropriate where post-operative and fracture indications exist. In the documentation provided, there is no evidence of a fracture or the need for immobilization, which would indicate a need for a cervical collar. Therefore, the request for retrospective collar with gel (Date of Service: 12/3/13) is non-certified.