

Case Number:	CM14-0012064		
Date Assigned:	02/21/2014	Date of Injury:	04/01/2000
Decision Date:	07/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

This is a 54-year-old male patient with a 4/1/00 date of injury. A 11/26/13 progress report indicates continued neck pain radiating to his shoulders with associated burning and tingling sensation of the arms and hands, pain in the interscapular area, low back pain and weakness. A physical exam demonstrates paracervical muscle spasm, limited cervical range of motion, positive Spurling sign bilaterally. On 3/13/14 electrodiagnostic studies demonstrate slight chronic C6 cervical motor radiculopathy and bilateral carpal tunnel syndrome. On 5/30/14 cervical MRI demonstrates anterior fusion at C5-6, moderate bilateral neural foraminal narrowing at C2-3, mild bilateral neural foraminal narrowing at C3-4, moderate to severe left and right right neural foraminal narrowing at C4-5, moderate to severe bilateral neural foraminal narrowing at C6-7 and mild canal stenosis. The patient underwent L4-5 fusion on 11/8/01, C5-6 fusion in 2003. The patient has had epidural steroid injections, medication, massage, and physical therapy. There is documentation of a previous adverse determination for lack of recent cervical surgery and lack of support for cervical collar use for longer than one or two days.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL COLLAR: Upheld

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

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 Chapter, Cervical Collar.

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines does not recommend cervical collars for neck sprains, but they may be appropriate where post-operative and fracture indications exist. However, there is no evidence of recent or pending cervical surgery. The patient was not diagnosed with a cervical fracture, and with a 2000 date of injury, the utility of a modality generally intended for short-term use is questionable. Therefore, the request for a cervical collar is not medically necessary.