

Case Number:	CM14-0132862		
Date Assigned:	08/25/2014	Date of Injury:	11/11/2004
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/19/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of November 11, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; earlier shoulder surgery; psychotropic medications to treat derivative complaints of depression; trigger point injections, and the apparent imposition of permanent work restrictions through a medical-legal evaluation. In a Utilization Review Report dated July 17, 2014, the claims administrator denied a request for a cervical collar. It appeared that the request to purchase cervical collar was initiated in conjunction with a request for cervical fusion surgery. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the attending provider reiterated the request for a previously denied cervical spine surgery, noting that the applicant had persistent complaints of 7/10 neck pain radiating to the arms, and evidence of radiographically-confirmed cervical stenosis at the C5-C6 level. Permanent work restrictions imposed by the medical-legal evaluator were renewed. The applicant was using Tylenol No. 4 and tramadol, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cervical soft collar, flexible non-adjustable: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back Chapter

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, usage of a cervical collar for more than one or two days is "not recommended." The request to purchase the cervical collar at issue, thus, runs counter to ACOEM principles and parameters. No compelling applicant-specific rationale for long-term usage of the cervical collar in question was proffered by the attending provider. Therefore, the request is not medically necessary.