

Case Number:	CM14-0031064		
Date Assigned:	06/20/2014	Date of Injury:	01/10/2012
Decision Date:	07/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 40-year-old female who reported an injury to her neck. The MRI of the cervical spine dated 02/26/14 revealed a three millimeter disc protrusion at C3-4 and C4-5 with moderate cord compression and central canal stenosis. A three millimeter disc protrusion was also revealed at C5-6 causing moderate mass effect on the left. The clinical note dated 03/04/14 indicates the injured worker was complaining of worsening neck pain. Radiating pain was also identified into the left upper extremity along with numbness and weakness. There is an indication the injured worker had attempted to return to work without success. The injured worker reported severe worsening of the neck pain. There is an indication the injured worker had undergone an MRI which revealed disc bulges at multiple levels. Range of motion deficits were identified throughout the cervical region. The injured worker had a positive Spurling's test along with 4/5 strength at the left brachial radialis and both deltoid muscles. Electrodiagnostic studies completed on 03/06/14 revealed prolongation of the median nerve distal latencies bilaterally. The utilization review dated 03/10/14 resulted in a denial for a cervical collar brace and a cooling pad, as no information had been submitted confirming the medical need for the brace or cooling pad. No information was submitted regarding the work-related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: A cervical collar brace is not indicated in this case. The documentation indicates the injured worker complains of cervical region pain. The use of cervical collars is indicated in the postoperative setting or when a previous fracture has been identified. No information was submitted regarding any recent operative procedures in the cervical region which would indicate the need for a cervical collar. Additionally, no imaging studies were submitted confirming the injured worker has a fracture within the cervical region. Given these factors, the requested cervical collar brace is not medically necessary.

Cooling Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Cold packs.

Decision rationale: The use of cold packs is recommended in the cervical region; however, the use of at-home, local applications of heat and cold is recommended over the use of commercial products, as no high-quality studies have been published in peer-reviewed literature supporting the use of commercial products over local, at-home applications. Therefore, this request is not indicated as medically necessary.