MAXIMUS Federal Services

Case Number:	CM14-0049089		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2008
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/26/2014

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 and Rehabilitation 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 injured worker is a 52 year old female who reported an injury on 07/26/2008 of unknown mechanism of injury. The injured worker had a history of left sided neck, mid back and lower back pain with a diagnosis do cervical stenosis, lumbar stenosis, and lumbar degenerative disc disease and facet arthropathy. The injured worker reports her pain is 9/10 on the VAS pain scale. The physical examination reveals decreased sensation to the C6, C7 dermatomes and decreased range of motion to the cervical region. The medication includes Norco 10/325mg 3 times a day, Flexeril 2 tab a day and Terocin patch that decreases her pain by 25 percent. The treatment plan includes physical therapy, chiropractic care, acupuncture, injections, and surgery. The authorization form dated 06/25/2014 was submitted with documentation.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Neck and Upper.

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.

Decision rationale: The request for cervical collar is non-certified. The Official Disability Guidelines indicates collars are not recommended for neck sprains. Rest and immobilization using collars are less effective, and not recommended. Cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. This study demonstrates how increasing the height of an orthosis provides greater restriction of ROM (range of motion) but may also force the neck into relative extension. Because functional ROM was affected to a lesser degree than full, active cervical motion, any changes in collar height may not be as clinically relevant for other patients such as those who have undergone operations for degenerative disease. The documentation provided was not evident that the injured worker required a cervical collar. The cervical examination did not give range of motion with accurate degrees of function. The cervical collar is not recommended for rest and immobilization, the chart notes was not evident as to what the benefit the collar would provide the injured worker. As such the request for a cervical collar is non-certified.