

Case Number:	CM14-0050431		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2012
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Illinois. 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 58-year-old female who reported injury on 09/25/2012. The mechanism of injury was the injured worker opened a drawer to grab some metal parts and the cabinet tilted and fell forward towards the injured worker. The documentation of 02/14/2014 revealed the injured worker's pain was getting worse in the neck and right arm. The neck pain caused significant headaches radiating pain to the scapula and pain down the arm. The injured worker indicated she had a fair amount of clicking in the cervical spine. Physical examination of the cervical spine revealed the injured worker had mild torticollis to the right. The head compression sign was markedly positive. The Spurling's maneuver was positive. The injured worker had exquisite tenderness and muscle spasm at rest and on range of motion to the right. The injured worker had pain on scapular retraction and the right levator scapulae had a knot. The injured worker had decreased range of motion. The biceps reflexes were diminished and biceps strength and wrist extensor strength were diminished. The sensation in the dorsum of the hand was diminished. The treatment plan included a C5-6 anterior cervical discectomy and fusion as a redo and DME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official

Disability Guidelines Neck and Upper Back (updated 12/16/13), Cervical collar, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical collar, post operative (fusion).

Decision rationale: The California MTUS/ACOEM Guidelines do not address cervical collars postoperatively. The Official Disability Guidelines indicate that a cervical collar postoperative is not recommended after a single level anterior cervical fusion with a plate. The documentation indicated the request was made for a C5-6 anterior cervical discectomy and fusion. There was a lack of documentation indicating that the injured worker's requested procedure was approved. There was a lack of documentation of exceptional factors. As such, this request would not be supported. Given the above, the request for an urgent cervical collar is not medically necessary.