

Case Number:	CM14-0064763		
Date Assigned:	07/11/2014	Date of Injury:	10/23/2012
Decision Date:	09/18/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/07/2014

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 Orthopedic Surgery 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 patient is a 40-year-old male who has submitted a claim for left-sided posterolateral C6-7 disc bulge or protrusion with foraminal narrowing resulting left C7 radiculitis associated with an industrial injury date of 10/23/2012. Medical records from 01/15/2013 to 07/11/2014 were reviewed and showed that patient complained of neck pain (pain scale grade not specified) with associated numbness into the left arm, hand, and middle and index fingers. Physical examination revealed tenderness of the pericervical muscles. Decreased reflex of left triceps (1/4) was noted. MRI of the cervical spine dated 01/23/2013 revealed posterior lateral disc bulge C6-7 which mildly compresses the entrance zone of left C6-7 foramen. Treatment to date has included physical therapy, cervical ESI (05/22/2013), cervical collar, and pain medications. Utilization review dated 04/15/2014 denied the request for postoperative neck collar because there was no surgery pertaining to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative neck collar.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-1833. Decision based on Non-MTUS Citation Official Disability Guide Neck and Upper Back (updated 03/-31-14) 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) Neck and Upper Back, Collars (Cervical).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cervical collars are not recommended for neck sprains. They may be appropriate where postoperative and fracture indications exist. In this case, there was no documentation of previous fracture or cervical surgery. The guidelines do not recommend the use of cervical collar other than for postoperative or fracture cases. There was no documentation of authorization for the contemplated C6-7 ACDF as well. Therefore, the request for Post operative Neck Collar is not medically necessary.