

<b>Case Number:</b>	CM14-0064954		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Pain Management and is licensed to practice in Georgia. 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 claimant is a 50 year old male presenting with chronic pain following a work related injury on 02/07/2005. The claimant complained of neck pain that radiated into his left extremity. The physical exam showed tenderness to palpation of the cervical spine musculature bilaterally with increased muscle rigidity, numerous trigger points, decreased range of motion with muscle guarding, 4/5 to 4+/5 motor strength, sensory deficits along the lateral arm and forearm on the left in the C5-6 distribution. Cervical MRI showed C5-6 posterior disc bulge with bilateral neural foraminal narrowing, and disc bulge with bilateral neural foraminal narrowing at C4-5. EMG showed left C5 nerve root irritation. The claimant has tried cervical epidural steroid injections. The claimant's medications included Norco, Neurontin, Anaprox, Prilosec, Topamax, Prozac, Cialis and Flector Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Orthosis Infrared Battery Operated Heating 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, Treatment Index 11th Edition (web) 2013, Neck and Upper Back Chapter, Knee and Leg Chapter, Collars (cervical), Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

**Decision rationale:** Cervical Orthosis Infrared Battery Operated Heating Collar is not medically necessary. The official disability guidelines states that DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. The request for cervical orthosis infrared battery operated heating collar is not primarily or customarily used for a medical purpose. The medical records also lacks an appropriate rationale for use of this equipment. Additionally, there is no documentation of the length of use of this equipment. The ODG states that in reference to orthotics that "early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process." The cervical orthosis would not seem to promote early independence; therefore, the requested equipment is not medically necessary.