

Case Number:	CM13-0024735		
Date Assigned:	11/20/2013	Date of Injury:	09/07/2011
Decision Date:	01/02/2015	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Pain Medicine 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's original date of injury was September 7, 2011. The mechanism of injury occurred when the worker was attacked by a developmentally disabled patient. The injured worker's industrial diagnoses include chronic back pain, thoracic spine pain, lumbosacral/thoracic radiculitis, neck pain, left shoulder pain, left knee pain, and depression. The disputed issue is a request for a cervical thoracic brace. This was denied in a utilization review determination on September 5, 2014. The rationale for the denial was that bracing is not substantiated "as the guidelines indicate that a cervical collar is not recommended for more than one or two days." The reviewer asserted that there is no evidence of spinal instability and the use of a collar with me to disuse atrophy..

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervicothoracic Brace Purchase: 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 <http://www.ncbi.nlm.gov/pubmed/23486409>.

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: The ACOEM Practice Guidelines, Neck and Upper Back Complaints Chapter, page 175 state: "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit [for neck pain], except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "preinjury" activities." Further guidelines are found in the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical Collar Topic which states that cervical collars are: "Not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. (Verhagen, 2002) (Borchgrevink, 1998) (Gennis, 1996) (Rosenfeld, 2000) (Colorado, 2001) (Gross-Cochrane, 2002) (Verhagen-Cochrane, 2004) (Rodriguez, 2004) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to mobilization over immobilization. The study randomized 458 participants to receive (1) immobilization of the cervical spine in a semirigid Philadelphia neck collar worn during all waking hours for 2 weeks, followed by active mobilization, (2) advice in a 1-hour session to act as usual, or (3) an active mobilization program with physical therapy twice weekly for 3 weeks. There were no significant differences noted between the 3 intervention groups. Improvement from baseline to 1-year follow-up was reported by 38% in the collar group, 33% in the act-as-usual group, and 40% in the mobilization group, but the collar group had poor treatment compliance, and poorly compliant participants in the collar group reported a better outcome at 1-year than did others, but the group who were compliant with the neck collar tended to have a poorer outcome. (Kongsted, 2007) 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 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. (Miller, 2010)" Regarding the request for a cervicothoracic brace, the ACOEM, MTUS, and ODG do not specifically address this specific request. Bracing of the neck and lumbar spine are not recommended by guidelines. Standard of care warrants the use of rigid cervicothoracic brace in conditions of spinal instability or post-operative recovery. The related text concerning cervical collars are noted from the ACOEM Practice Guidelines, Neck and Upper Back Complaints Chapter, page 175, which state: "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit [for neck pain], except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "preinjury" activities." The Official Disability Guidelines state that cervical collars are not recommended for neck sprains. Patients diagnosed with whiplash associated disorders and other related acute neck disorders may commence normal preinjury activities to facilitate recovery.

Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. They may be appropriate where postoperative and fracture indications exist. Within the documentation available for review, there is no indication that the patient has a diagnosis of a fracture or a recent surgical intervention. Guidelines do not support the use of bracing of any segment of the spine outside of these diagnoses. As such, the request is not medically necessary.