

Case Number:	CM13-0052740		
Date Assigned:	06/11/2014	Date of Injury:	11/25/2011
Decision Date:	04/14/2015	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male who sustained an industrial injury on November 25, 2011. He has reported neck pain radiating to both shoulders and arm associated with numbness and tingling in both hands and has been diagnosed with right elbow arm strain and chronic right upper extremity pain plus numbness. Treatment has included conservative measure such as physical therapy and modified work. Currently the injured worker showed good neck motion. There was good motor power in upper extremities, biceps, and brachioradialis. Triceps reflexes were sluggish. The treatment plan included a queen ann cervical collar, cervical pillow, and bilateral wrist support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rigid Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Neck & Upper Back Chapter, Collars (cervical).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical Collar.

Decision rationale: Regarding the request for cervical collar, Occupational Medicine Practice Guidelines state that cervical collars have not been shown to have any lasting benefit, except for comfort in the 1st few days of the clinical course in severe cases, in fact weakness may result from prolonged use and will contribute to debilitation. ODG states 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 cervical collars outside of those diagnoses. As such, the current request for cervical collar is not medically necessary.