

Case Number:	CM14-0199175		
Date Assigned:	12/09/2014	Date of Injury:	09/30/2011
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice and is licensed to practice in New Jersey. 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 32 year-old male who was injured on 9/30/11 when he leaned over to lift a package from the floor and another package fell and struck his neck and upper back. He complained of severe neck pain which radiates to his left arm, down to his hand, with numbness and tingling. On exam, he had decreased range of motion of his cervical spine, tenderness and spasms, left-sided torticollis, with normal motor function and decreased light touch sensation in the left dorsal forearm and hand. The 2011 MRI of cervical spine central stenosis at C5-6 and mild bilateral foraminal stenosis of C5-6 and C6-7. A 2012 electrodiagnostic study did not reveal any evidence of cervical radiculopathy. He was diagnosed with cervical strain, left side cervical radiculopathy with lumbar myofascial strain, cervicogenic headaches, and cervical spondylosis with kyphosis. He used daily narcotics and Fioricet for headaches, and Flexeril. An anterior cervical discectomy and fusion at C5-6 and C6-7 was recommended. An updated 2014 cervical MRI showed central stenosis, neural foraminal stenosis, and developmental spinal stenosis. There was severe foraminal stenosis on the left at C5-6 and C6-7, which correlated with his left-sided neck pain radiating to his upper extremities. He had an epidural with relief for two days and then recurrent symptoms. The patient had 12 sessions of physical therapy and chiropractic sessions. The current request is for a cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar Foam 2 Piece W Thor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter Online Version

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, cervical collar, post-operative

Decision rationale: As per the MTUS guidelines, "cervical collars have not been shown to have any lasting benefit, 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." As per ODG guidelines, cervical collar is recommended for multi-level anterior cervical discectomy and fusion which the patient is recommended to have. However, the patient has not been authorized to undergo this surgery as per current records. Therefore, this request is considered not medically necessary at this time.