

Case Number:	CM14-0200178		
Date Assigned:	12/10/2014	Date of Injury:	08/04/2013
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine 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 patient is a 44 year old woman who sustained a work-related injury on August 4 2013. Subsequently, the patient developed a chronic neck pain. According to a progress report dated on October 7 2014, the patient was complaining of ongoing neck pain radiating to both upper extremities and chronic back pain. The patient physical examination demonstrated cervical spine with reduced range of motion. The patient was diagnosed with cervical disc disease. The provider requested authorization for a cervical brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen Vista Cervical Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical brace is not recommended for chronic cervical complaints including neck sprain. Therefore, the prescription of Aspen Vista Cervical Brace is not medically necessary.