

Case Number:	CM15-0006521		
Date Assigned:	01/21/2015	Date of Injury:	12/08/2006
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: Emergency Medicine

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 (IW) is a 47 year old male who sustained an industrial injury on 12/08/2006. He has reported back and neck pain. The diagnoses have included post cervical fusion of C5-6 and C6-7. Treatment to date has included oral pain medications, epidural steroid injections and cervical fusion. Currently, the IW complains of neck and lower back pain and has been given Norco, Soma, Naproxen, and Gabapentin. It is noted that medications decreased pain by approximately 50%. Treatment plans include continuation of oral pain medication, a CT of the cervical spine and MRI of the lumbar spine. A neck brace is also requested. On 12/31/2014 Utilization Review non-certified a request for Soft Collar purchase , noting the IW is 8 years post injury and greater than 2 years post-surgery, and there is no evidence of any cervical fracture or plan for surgery. The MTUS, ACOEM Guidelines were silent regarding cervical braces/support. ACOEM guidelines page 175 note that "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 ". Official Disability guidelines Neck and upper Back Chapter Cervical was referenced. On 01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Soft Collar purchase for Lumbar and/or Sacral Vertebrae (Vertebra NOC Truck),
 Multiple Neck Injury: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 175, Chronic Pain Treatment Guidelines Cervical braces/supports. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Chapter Collars (Cervical), Cervical orthosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: A soft collar is worn around the neck to provide comfort. Research has not shown cervical collars to have had 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, "pre-injury" activities. Therefore, the request for a soft collar is not supported by the MTUS guidelines and is therefore not medically necessary.