

Case Number:	CM15-0008610		
Date Assigned:	01/26/2015	Date of Injury:	08/18/2014
Decision Date:	03/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] who has filed a claim for neck, shoulder, and low back pain reportedly associated with an industrial injury of August 18, 2014. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve request for a cervical collar. The claims administrator referenced a December 4, 2014 progress note in its determination. The applicant and/or the applicant's attorney subsequently appealed. In a January 9, 2015 progress note, the applicant reported multifocal complaints of neck, shoulder, and low back pain. The applicant was placed off of work, on total temporary disability. The applicant was given diagnoses of cervical strain, lumbar strain, and internal derangement of shoulder. Norco, Soma, and MRI studies of the cervical and lumbar spines were sought while the applicant was placed off of work. In an earlier note dated December 5, 2014, Norco, Soma, and a cervical collar were endorsed while the applicant was placed off of work, on total temporary disability. Multiple complaints of neck pain, shoulder pain, and low back pain with derivative complaints of psychological stress and anxiety were evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, 174.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, cervical collar is deemed “not recommended” for greater than one to two days. While ACOEM Chapter 8, Table 8-5, page 174 does recommend brief immobilization of the cervical spine in applicants who have severe issues with spinal stenosis and/or central cord compression, in this case, however, the applicant carried an operating diagnosis of cervical strain. The applicant did not, thus, carry any red-flag issues which would compel provision of the cervical collar. Therefore, the request is not medically necessary.