

Case Number:	CM15-0106592		
Date Assigned:	06/10/2015	Date of Injury:	03/13/2014
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 58 year old female who sustained an industrial injury on 03/13/2014. Mechanism of injury was a slip and fall. Diagnoses include status post C5-C6 fusion on 09/24/2014, bilateral shoulder strain/sprain, left elbow lateral epicondylitis-rule out ulnar canal syndrome, left wrist DeQuervain's, lumbar spine sprain and strain with herniated nucleus, and left hip contusion. Treatment to date has included diagnostic studies, surgery, medications, and physical therapy. An unofficial report documents on 07/23/2014 a Magnetic Resonance Imaging of the cervical spine was done and revealed broad-based right paracentral 5.0mm disc protrusion with neuroforaminal encroachment and thecal sac effacement to C5-C6. The Magnetic Resonance Imaging of the lumbar spine done on 07/23/2014 showed T12-L1 modic endplate changes with posterior osteophytosis and right and lefty paracentral disc bulges, greater on the right as well as slight right sided neuroforaminal encroachment. L4-L5 there is a broad-based 20.mm disc bulge with facet hypertrophy and left-sided neuroforaminal encroachment. A physician progress note dated 05/08/2015 documents the injured worker has cervical spine pain rated 8 out of 10 and she has difficulty holding her head still, and issues with slurred speech. She has thoracic spine pain rated 8+ over 10 and it is constant. Lumbar spine pain is 8+ out of 10 with radiation to the left lower extremity. Left shoulder pain is 7-8 out of 10, and left elbow pain is 5 out of 10, and left hip pain is 7 out of 10. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes a Magnetic Resonance Imaging of the brain without contrast, laboratory studies, a lumbar roll, and cervical pillow. Treatment requested is for Philadelphia brace cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Philadelphia brace cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://odg-twc.com/odgtwc/neck>.

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 Philadelphia brace cervical spine, 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 pre-injury 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 Philadelphia brace cervical spine is not medically necessary.