

Case Number:	CM15-0107479		
Date Assigned:	06/12/2015	Date of Injury:	08/07/1996
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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: Internal 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 is a 65 year old male, who sustained an industrial injury on 8/07/1996. He reported possible loss of consciousness, neck pain, headaches, and right shoulder pain after getting hit multiple times by a tree limb. He is status post left shoulder surgery and multiple cervical surgical procedures including cervical fusion. Diagnoses include cervical spondylosis, degenerative disc disease, bilateral shoulder impingement syndrome, right elbow tendinitis, and bilateral carpal tunnel syndrome. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections and shoulder joint injections. Currently, he complained of ongoing neck pain and reported a 10% decrease in narcotic prescription use. On 5/11/15, the physical examination documented tender paracervical musculature. He received a trigger point injection on this date. The plan of care included four cervical collars.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 soft cervical collars: Upheld

Claims Administrator 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, Neck and Upper Back (Acute & Chronic): Collars (cervical). (2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Collars (cervical).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical collars. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints indicates that cervical collar more than 1 or 2 day is not recommended. Miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. 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. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicates that collars (cervical) are not recommended for neck sprains. The progress report dated 5/11/2015 noted the patient reported tender paracervical musculature and requested a new cervical collar. Objectively, the patient presented with good reflex and motor exam, as well as intact heel-toe gait. The request was for 4 soft cervical collars. ACOEM and MTUS guidelines do not support the use of cervical collars. Therefore, the request for cervical collars is not medically necessary.