MAXIMUS Federal Services

Case Number:	CM15-0108627		
Date Assigned:	06/15/2015	Date of Injury:	12/02/2010
Decision Date:	08/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old female, who sustained an industrial injury on 12/02/2010. She has reported injury to the neck and bilateral upper extremities. The diagnoses have included cervicalgia; cervical radiculopathy; cervical disc disease; tendinitis; and facet arhtropathy/syndrome; C6-7 bilateral neuroforaminal narrowing due to disc-osteophyte complex; C5-6 disc protrusion with right neurofoaminal impingement; and right index trigger finger and tendinitis. Treatment to date has included medications, diagnostics, activity modification, and injection. Medications have included Gabapentin, Alprazolam, Biofreeze, Fenoprofen, and Dendracin cream. A progress report from the treating physician, dated 05/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and upper extremity pain; the pain in the neck is consistent and largely debilitating; she feels struck and feels depressed at times due to the emotional overbearing of her injury; she feels frustrated at times because she can't do things she was previously able to do; and she finds the Dendracin cream and Fenoprofen are helpful in reducing her pain and making her pain more tolerable. Objective findings included no acute distress; gait is non-antalgic; range of motion of the cervical spine is limited in flexion, extension, lateral rotation, and lateral bending with increase in pain in all planes; positive Spurling's sign; and sensation is normal to light touch, pinprick, and temperature along all dermatomes of the bilateral upper extremities. The treatment plan has included the request for durable medical equipment (DME) cervical collar (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) cervical collar (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The MTUS states that "Cervical collar more than 1 or 2 days is not recommended." It further states 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; 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." In this case, the date of injury was in 2010. The medical records fail to document any re-injury. As such, the request for Durable medical equipment (DME) cervical collar (purchase) is not medically necessary.