

Case Number:	CM15-0143550		
Date Assigned:	08/04/2015	Date of Injury:	08/04/2011
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old woman sustained an industrial injury on 8-4-2011 after entering a dark room, getting her foot caught in a mat, falling, and a brief loss of consciousness. She received immediate medical attention. Diagnoses include cervicalgia, lumbago, lumbar stenosis, lumbar retrolisthesis with unknown stability, and lateral epicondylitis. Treatment has included oral medications and acupuncture. Physician notes dated 5-20-2015 show complaints of neck pain with radiation to the bilateral upper extremities with numbness and tingling in the bilateral hands, pain throughout the entire back with radiation to the bilateral feet with numbness and tingling, left wrist pain with stiffness, bilateral hand swelling with weakness, and left elbow pain. Recommendations include topical analgesic cream, Tizanidine, Naproxen, ice compress, consider re-consulting psychology, cervical collar, lumbar spine x-rays, lumbar spine MRI, lateral epicondylitis brace, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Durable medical equipment (DME) low density cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back - Collars (cervical).

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

Decision rationale: The ACOEM chapter on neck complaints states: Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars havenot 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 generallyless effective than having patients maintain their usual, "preinjury" activities. The requested service is not recommended per the ACOEM and therefore not certified.