

Case Number:	CM15-0167534		
Date Assigned:	09/08/2015	Date of Injury:	11/01/2006
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
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 40-year-old male, who sustained an industrial injury on 11-1-2006. He reported feeling a pop in the neck and low back when lifting. The diagnoses included status post cervical fusion and revision, cervical post-laminectomy syndrome, status post lumbar fusion, gastritis, lower gastrointestinal bleed, right sided Horner's syndrome, and chronic depression. Treatment to date were not included in the documentation submitted for this review. Currently, he complains of ongoing neck and low back pain, headaches, difficulty swallowing, vision changes and drooping of the right eye lid, dizziness and ringing in the ear. He reported episodes of dizziness and unsteady gait and loss of hearing. On 7-13-15, the physical examination documented cervical tenderness with multiple trigger points and decreased range of motion. There was decreased sensation and decreased strength noted in the upper extremities. The lumbar spine was tender with trigger points, decreased range of motion, with decreased strength and decreased sensation in bilateral lower extremities. The provider documented cervical spine instability with ongoing pain. The plan of care included a request to authorize durable medical equipment, Vista Cervical Collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vista cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-189.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Collars.

Decision rationale: Pursuant to the Official Disability Guidelines, Vista cervical collar is not medically necessary. 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. In this case, the injured worker's working diagnoses are cervical post laminectomy syndrome C3 - C4, C4 - C5 and C5 - C6 ACDF; bilateral upper extremity radiculopathy; status post L4 ? L5 and L5 - S1 laminectomy/discectomy; bilateral upper extremity radiculopathy; positive discogram L3 - L4, L4 - L5 and L5 - S1; urologic incontinence, erectile dysfunction, depression and anxiety; medication induced gastritis; and Horner syndrome. Date of injury is November 1, 2006. Request for authorization is July 28, 2015. According to a July 13, 2015 progress note, the treatment plan contains a request for a cervical collar. The treating provider's indication for the cervical collar is cervical instability. The injured worker has undergone two cervical fusions and is fused at three levels. The injured worker's most recent surgery is the removal of retained metal on September 16, 2014. Objectively, there is tenderness to palpation with trigger points at the cervical spine with decreased range of motion. There is no objective documentation of instability. Collars are not recommended for neck sprains. There is no clinical indication or rationale for a cervical collar. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of clinical instability on physical examination and no clinical indication or rationale for a cervical collar, Vista cervical collar is not medically necessary.