MAXIMUS Federal Services

Case Number:	CM15-0194221		
Date Assigned:	10/08/2015	Date of Injury:	07/07/2014
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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

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 57 year old male, who sustained an industrial injury on 7-7-14. The injured worker was diagnosed as having cervical degenerative disc disease, C5-C6 disc bulge and bilateral upper extremity radiculitis. Medical records (4-13-15 through 6-3-15) indicated constant "moderate to severe" neck pain located on both sides of his neck, which radiates to both shoulders. The treating physician noted that the injured worker had some physical therapy with "no benefit." The physical exam (4-28-15 through 7-23-15) revealed cervical flexion is 15-25 degrees, extension is 5-15 degrees and lateral rotation is 10-15 degrees bilaterally. As of the PR2 dated 9-9-15, the injured worker reports increased neck pain since last evaluation. The treating physician noted that the injured worker sustained a recurrent injury on 4-15-15 and has not worked since that time. Objective findings include cervical flexion is 15 degrees, extension is 10 degrees and lateral rotation is 20 degrees bilaterally. Treatment to date has included a cervical MRI on 3-5-15 showing mild degenerative disc disease at C5-C6 and C6-C7, Tramadol and Voltaren. The treating physician requested a soft cervical collar. The Utilization Review dated 9-22-15, non-certified the request for a soft cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter under cervical collar.

Decision rationale: Based on the 9/9/15 progress report provided by the treating physician, this patient presents with constant moderate to severe neck pain located on both sides of his neck radiating to the bilateral shoulders with pain/numbness/tingling in his bilateral arms traveling to his hands. The treater has asked for Soft cervical collar on 9/9/15. The request for authorization was not included in provided reports. The patient states that he develops dizziness if he raises his arms above shoulder level for more than a few seconds per 9/9/15 report. The patient is s/p repeat cervical MRI for potential injections following a pain management evaluation per 9/9/15 report. The patient is currently taking Tramadol, Lunesta, Ambien, and Voltaren per 9/9/15 report. The patient is currently taking a hiatus from his normal bicycling exercise routine due to increase in neck pain per 9/9/15 report. The patient had unspecified physical therapy sessions with no benefit per 7/23/15 report. The patient is to be kept off work for the next 7 weeks per 7/23/15 report. ACOEM chapter 8 page 175 states, "Cervical collars: Initial care: other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars in prolonged periods of rest are generally less effective than having patients maintain their usual, 'pre-injury' activities." ODG-TWC, Neck and upper back chapter under cervical collar states, "May be appropriate where post-operative and fracture indications exist." Per 9/9/15 report, treater states that the patient "would like to try a soft cervical collar for support of his neck as he tends to hold his neck in a flexed position..." and that "he holds his neck in a flexed position as this relieves some pressure from his neck." However, ACOEM guidelines do not support cervical collars and ODG states it may be appropriate for post-operative use or when there is a fracture. In this case, the patient is not in a post-operative state and there is no documented concern for fracture. This request in not in accordance with guidelines. Therefore, the request is not medically necessary.