

Case Number:	CM15-0198527		
Date Assigned:	10/13/2015	Date of Injury:	03/12/2010
Decision Date:	11/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of March 12, 2010. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a cervical collar. The claims administrator referenced an RFA form dated September 27, 2015 and an associated progress note dated August 28, 2015 in its determination. The applicant's attorney subsequently appealed. On August 28, 2015, the applicant reported a flare of neck pain. The applicant had not been seen in several months. Severe, 8 to 9/10 pain complaints were reported. The applicant was working with self-modifications in place, the treating provider reported. A cervical epidural steroid injection, cervical MRI imaging, and a pain management consultation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical collar: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Yes, the request for cervical collar was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8- 5, page 174, brief immobilization of the cervical spine via a collar is recommended as an option in the management of the neck and upper back pain complaints if severe. Here, the applicant presented on the August 28, 2015 office visit at issue reporting a severe flare in pain complaints, 8-9/10 pain was reported. The applicant reported heightened complaints of neck pain and upper extremity paresthesias. The applicant was having difficulty sleeping. Provision of a cervical collar was, thus, indicated on the date in question, given the reportedly severe pain complaints present on the date in question, August 28, 2015. Therefore, the request is medically necessary.