

Case Number:	CM15-0202722		
Date Assigned:	10/19/2015	Date of Injury:	09/19/2012
Decision Date:	11/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/15/2015

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:

The injured worker is a 60 year old female who sustained an industrial injury on September 19, 2012. The worker is being treated for: right shoulder injury, cervical spine musculoligamentous strain and sprain with spondylosis, multi-level disc bulge and stenosis; left shoulder pain, bilateral thumb carpometacarpal osteoarthritis, right wrist pain, bilateral knee arthralgia. Subjective: September 25, 2015: pain in cervical spine, "constant, moderate cervical spine pain associated with aching, sharp, piercing, cramping, and tight, soreness and numbness that radiates." August 13, 2015: "well controlled with acupuncture treatment." Objective: September 25, 2015: "unchanged" from last visit. Diagnostic: pending authorization for nerve conduction study, MRI of cervical spine and pain management consultation. Treatment: activity modification, medication, status post right shoulder arthroscopy January 2015; status post right wrist surgery March 2013; epidural injections, acupuncture, home exercise program. On October 02, 2015 a request was made for a [REDACTED] cervical collar purchase that was noncertified by Utilization Review on October 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] cervical collar purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 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. The patient is beyond the acute phase of injury and there is no other clinical indication for the requested cervical collar. Therefore the request is not medically necessary.