

Case Number:	CM15-0206289		
Date Assigned:	10/23/2015	Date of Injury:	01/14/2014
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 44 year old male, who sustained an industrial injury on 1-14-2014. The injured worker is undergoing treatment for cervical spondylosis with radiculopathy, cervical stenosis and cervical prolapsed intervertebral disc. Medical records dated 10-5-2015 indicate the injured worker complains of neck pain radiating to the bilateral upper extremities. The neck and shoulder pain is constant, aching and sharp and rated 8 out of 10 at best and 10 out of 10 at worst with an average of 9 out of 10. Physical exam dated 10-5-2015 notes cervical guarding, tenderness to palpation, spasm, decreased range of motion (ROM) and positive Spurling's on the right. There is right shoulder impingement, painful range of motion (ROM) and tenderness to palpation. There is sensory deficit of C5, C6 and C7. Treatment to date has included X-rays, magnetic resonance imaging (MRI), electromyogram, nerve conduction study, cold, heat, medication, physical therapy and epidural steroid injection. The original utilization review dated 10-13-2015 indicates the request for cervical collar is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back (updated 6/25/15), Online Version, cervical collar post-operative.

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, Cervical collar.

Decision rationale: Pursuant to the Official Disability Guidelines, 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, preinjury activities to facilitate recovery. Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. Collars may be appropriate where postoperative and fracture indications exist. In this case, the injured worker's working diagnoses are cervical spondylosis with radiculopathy; cervical spinal stenosis; right-sided C6 - C7 HNP; and impingement syndrome right shoulder. Date of injury is January 14, 2014. Request for authorization is dated October 10, 2015. According to an October 5, 2015 progress note, subjective complaints of ongoing neck pain with radiation to the right upper extremity. The injured worker failed conservative treatment. Pain score is 8/10. Objectively, there is no tenderness or spasm in the cervical spine paraspinals. A right foraminal compression test was positive. The documentation indicates a request for an anterior decompression and interbody fusion at C5 - C6 and C6 - C7 was requested. According to the utilization review, the surgical procedure was denied. As a result, if the surgery is denied, the cervical collar is not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and reported denial/non-certification of the requested surgery, cervical collar is not medically necessary.