

Case Number:	CM15-0206862		
Date Assigned:	10/23/2015	Date of Injury:	05/12/2014
Decision Date:	12/09/2015	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

Certification(s)/Specialty: Emergency 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:

This is a 35 year old female with a date of injury on 5-12-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain. Progress report dated 4-14-14 (it appears the year was meant to read 2015) reports partial improvement with the cervical epidural steroid injection on 4-1-15. She states the pain is less constant and now waxes and wanes, some days she has significant neck pain and some days she reports feeling pretty good. She reports the trigger point injections helped with muscle tightness. She started physical therapy and continues to take Lyrica with some benefit. Objective findings: left hand with involuntary flexion of the fingers and can manually reverse it, mild "darkish" color of the left hand noted, left grip strength 4 out of 5, left side of neck mildly tender to pressure with trigger points. Treatments include: medication, physical therapy and epidural steroid injections. Request for authorization was made for Queen Anne Cervical Collar. Utilization review dated 10-13-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Queen Anne Cervical Collar: 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: As per MTUS ACOEM guidelines, 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. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "preinjury" activities. There is no justification provided as to why a collar was requested. Not medically necessary.