

Case Number:	CM15-0206910		
Date Assigned:	10/23/2015	Date of Injury:	01/06/2013
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 1-6-2013. The medical records indicate that the injured worker is undergoing treatment for right cervical radiculopathy. According to the progress report dated 9-28-2015, the injured worker presented with complaints of pain in the neck with radiation down both arms. The physical examination of the cervical spine is not indicated. The current medications are not specified. Previous diagnostic studies include MRI of the cervical spine (grossly unremarkable). Treatments to date include medication management, physical therapy, chiropractic, and epidural steroid injection (not effective). Work status is described as temporarily totally disabled. The original utilization review (10-8-2015) had non-certified a request for cervical collar.

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) 2015, Neck Chapter Cervical collar.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Collars (cervical).

Decision rationale: The claimant sustained a work injury in January 2013 when he ruptured his biceps tendon and felt a snap in his neck. When seen, he had undergone an epidural injection in June 2015 which had not helped. He was having neck pain radiating into his arms especially with flexion. There was positive right Spurling's testing. The impression references right cervical radiculopathy with a grossly unremarkable MRI scan and symptoms as only symptomatic with an unstable neck. Cervical spine flexion/extension x-rays and a cervical collar were recommended with consideration of a cervical fusion if there was instability at C5/6. Cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck. In this case, there is no history of significant cervical trauma and the claimant has not undergone surgery. The MRI scan in December 2014 nearly 2 years after injury does not suggest instability. The type of cervical collar was not specified. The request is not medically necessary.