

Case Number:	CM15-0028924		
Date Assigned:	02/20/2015	Date of Injury:	08/13/2014
Decision Date:	05/22/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male, who sustained an industrial injury on 8/13/14. He reported initial complaints of pain at the front of his neck and over chest wall. The injured worker was diagnosed as having abrasion, laceration, rib fracture, contusion. Treatment to date has included chiropractic therapy, acupuncture; physical therapy; right shoulder injection (10/31/14); urine drug screening (12/23/14); medications. Diagnostics included chest x-ray 8/13/14); x-ray lumbar spine (1/5/15). Currently, the PR-2 notes dated 12/23/14 indicate the injured worker complains of neck/throat pain. The neck/throat pain rated with an average intensity of 7-8/10 on the pain scale. The pain presents with a "dull" quality. Pattern of pain is reported to be continuous. Exacerbating factors include: eating, swallowing and alleviated by medication. There is no dysphasia noted and the injured worker states the pain interferes with his activities of daily living including self-care/personal hygiene: brushing teeth, eating. The injured worker states he is taking medication, however cannot recall the names. The physical examination notes the throat is mildly tender on palpation on the right just lateral to the coracoid. The cervical spine notes Adson's positive bilaterally and positive tenderness to palpation at the bilateral scalenes, pectoralis minor, long thoracics and trapezius. The range of motion is normal in all planes. The provider notes wrists are with positive numbness bilateral hands, dorsum and ventral. The provider's treatment plan includes a MRI cervical spine; EMG/NCV bilateral upper extremities; IF unit; discontinue NSAIDS, start another medications regime and a cervical collar (soft) for sleep.

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.

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- Collars (cervical).

Decision rationale: Cervical collar is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that cervical collars are not recommended for neck sprains. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. Cervical collars may be appropriate where post-operative and fracture indications exist. The documentation does not reveal any conditions that would necessitate a cervical collar per the ODG. The request for cervical collar is not medically necessary.