

Case Number:	CM15-0224575		
Date Assigned:	11/20/2015	Date of Injury:	08/11/1999
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/16/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male, who sustained an industrial injury on 8-11-1999. He reported back, neck, left shoulder and left upper arm pain. The injured worker was diagnosed as having status post anterior cervical discectomy and fusion and residual cervical-trapezial sprain-strain and bilateral upper extremity radiculitis and lumbar spine and left shoulder symptoms unchanged. Treatment to date has included diagnostic testing, TENS unit, brace, physical therapy, injections and multiple surgeries. The surgeries include anterior cervical discectomy and fusion C2-C6 in 2003, anterior cervical discectomy and fusion and revision C3-C6 and C6-C7 in 2010 and cervical re-exploration of fusion mass at C3-C4 and anterior discectomy at C2-C3 with anterior interbody fusion, partial vertebral corpectomy and decompression spinal cord cervical C2-C3 in 2014. Per the progress notes dated 10-1-2015, the IW "reports he had flare up of neck pain radiating to both upper extremities, left side worse than right with numbness and weakness, his back and shoulder symptoms are unchanged." Exam reveals tenderness to palpation present over the spinous process C6-C8, also over the paravertebral musculature and trapezius muscles, bilaterally. Paraspinal muscles guarding is present at mild intensity. Axial compression test and shoulder depression test elicits increased neck and trapezial pain, left side worse than right. Spurling's maneuver elicits localized neck pain without radicular symptoms. His range of motion of the cervical spine is flexion is 15 degrees, extension is 20 degrees, right rotation is 20 degrees and left rotation is 21 degrees, right side bending is 12 degrees and left side bending is 14 degrees, with increased neck pain at extreme flexion, extension and side bending. The gross motor testing of both upper extremities revealed 4 out of 5 weaknesses of

right shoulder abduction, right wrist extension and right elbow extension and wrist flexor. There are 3+ out of 5 weaknesses of left shoulder abduction, elbow flexion, elbow extension and right wrist extension. The treatment plan includes medications, acupuncture and a semi-rigid cervical collar. The UR decision, dated 10-15-2015, approved 6 acupuncture visits, Norco 10-325 quantity 120, Tizanidine 2 mg quantity 120, Mirtazapin 15mg, quantity 30 and denied semi-rigid cervical collar. The request for authorization, dated 11-12-2015 is for a semi-rigid cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Semi-rigid cervical collar Qty 1.00: 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: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, page 175 states that cervical collars have not been shown to have any lasting benefit except for comfort in first few days of clinical course in severe cases. It states that Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. In this case the worker was injured in 1999 and there is no documentation of an acute neck sprain or strain. Therefore the request is not medically necessary.