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| Case Number: | CM14-0121560 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 02/22/2010 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male with a 2/22/10 date of injury. He was lifting some heavy equipment and felt pain into his neck and left shoulder. According to an appeal noted dated 6/26/14, the patient is being treated for chronic neck and upper extremity pains and underwent 2 level cervical fusion several years ago and has been using a soft cervical collar. Overall, his neck pain is stable, but he continues to have issues with swallowing, drinking, and when he tilts his neck back. Since his neck collar is worn out and he does not get benefit with its use, he requires a replacement of his neck collar. Objective findings: decreased active range of motion of the cervical spine, tenderness to palpation to cervical paraspinal muscles, trapezius and periscapular musculature, limited range of motion of right shoulder, right acromioclavicular joint tender to palpation, positive impingement signs. Diagnostic impression: rotator cuff tear, neck pain, cervical disc displacement, post laminectomy syndrome, cervical. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 7/18/14 denied the request for a cervical soft collar. There was no description of how the soft cervical collar helped the claimant functionally by either a clinically significant improvement in activities of daily living or a reduction in work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical soft collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, neck & upper back procedure summary

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 Chapter

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. It is noted that the patient has undergone cervical fusion, however, this was several years ago. In addition, there is no documentation that there is evidence of a fracture. Guidelines do not support the prolonged use of a cervical brace. Therefore, the request for Cervical soft collar was not medically necessary.