

Case Number:	CM14-0129363		
Date Assigned:	08/18/2014	Date of Injury:	01/03/2012
Decision Date:	09/30/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Neurological Surgery and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 60-year-old male was reportedly injured on January 3, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 21, 2014, indicated that there were ongoing complaints of low back pain with lower extremity involvement. The physical examination demonstrated an injured employee with a normal gait, and tenderness to palpation in the paravertebral musculature. Sensory intact and motor function noted to be normal. A slight range of motion losses reported. Straight leg raising was reported to be negative. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, and pain management interventions. A request had been made for soft cervical collar and was not certified in the pre-authorization process on July 25, 2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, updated August 2014 (Electronically sited).

Decision rationale: It is noted this topic is not addressed in the MTUS or the ACOEM guidelines. The parameters noted in the ODG were used. This is not recommended unless it is a postoperative situation. There is no data presented to suggest a cervical spine injury or surgery. Therefore, this is not medically necessary.