

Case Number:	CM14-0157652		
Date Assigned:	09/30/2014	Date of Injury:	01/29/2013
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 1/29/13. A utilization review determination dated 9/11/14 recommends non-certification of cervical collar and lumbar support. 8/15/14 medical report identifies headaches and pain in the neck radiating to the bilateral shoulder, upper back, lower back, and bilateral lower extremity. There is also depression, anxiety, crying spells, and stress as well as sleep interruption and difficulty falling asleep. On exam, there is cervical and lumbosacral tenderness. Recommendations include x-rays of the cervical spine, medications, chiropractic treatment, acupuncture, orthopedic consult, and reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical Collar

Decision rationale: Regarding the request for cervical collar, CA MTUS and ACOEM state that cervical collars have not been shown to have any lasting benefit, except for comfort in the 1st few days of the clinical course in severe cases, in fact weakness may result from prolonged use and will contribute to debilitation. ODG states that cervical collars are not recommended for neck sprains. Patients diagnosed with whiplash associated disorders and other related acute neck disorders may commence normal preinjury activities to facilitate recovery. Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. They may be appropriate where postoperative and fracture indications exist. Within the documentation available for review, there is no indication that the patient has a diagnosis of a fracture or a recent surgical intervention. Guidelines do not support the use of cervical collars outside of those diagnoses. In light of the above issues, the current request for cervical collar is not medically necessary.

Lumbar Support Purchase: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for lumbar support, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of relief and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested lumbar support is not medically necessary.