

Case Number:	CM14-0159690		
Date Assigned:	10/03/2014	Date of Injury:	08/31/1998
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported injury on 08/31/1998. The mechanism of injury was not submitted for review. The injured worker has diagnoses of radiculopathy of the cervical spine, status post cervical spine fusion, lumbar radiculopathy, fibromyalgia, insomnia and chronic pain. Past medical treatment consists of surgery, physical therapy and medication therapy. Injured worker underwent MRI of the lumbar spine on 04/26/2012, and x-rays of the cervical spine on 02/28/2012. On 07/30/2014, the injured worker complained of cervical spine pain. It was noted on examination that the injured worker rated her pain at a 7/10 with medications and 8/10 to 9/10 without. Inspection of the cervical spine revealed a well healed surgical scar. Cervical lordosis was decreased. There was spasm noted bilaterally in the paraspinous muscles. Spinal vertebral tenderness was noted in the cervical spine at C4-7. There was tenderness noted upon palpation at the trapezius muscles bilaterally, paravertebral C4-7 area and bilateral occipital regions. Range of motion of the cervical spine was moderately limited due to pain. The upper extremity sensory examination revealed no change since the injured worker's last medical visit. The medical treatment plan is for the purchase of a cervical collar. The rationale and Request for Authorization form were not submitted for review.

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: Decision based on MTUS Chronic Pain Treatment 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, Collars (cervical)

Decision rationale: The request for a cervical collar purchase is not medically necessary. ODG do not recommend cervical collars for neck sprains. Patients diagnosed with whiplash associated disorders, and other related acute neck disorders may commence normal, pre-injury 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. Cervical collars are frequently used after surgical procedures and in the emergent settings following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. This study demonstrates how increasing the height of an arthrosis provides greater restriction of range of motion that may also force the neck into relative extension. Because functional range of motion was affected to a lesser degree than full, active cervical motion, any changes in collar height may not be as clinically relevant for other patients such as those who have undergone operations for a degenerative disease. It was noted in this submitted documentation that the injured worker had undergone cervical spine fusion; however, it was not documented when. Additionally, there was no indication that the injured worker had any neck sprains or a diagnosis of whiplash. The provider failed to submit a rationale for the use of a cervical collar, as such; it is unclear why the provider was requesting the purchase of a cervical collar. Given that ODG only recommends cervical collars postoperatively to injured workers, the request is not warranted. As such, it is not medically necessary.