MAXIMUS Federal Services

Case Number:	CM14-0141873		
Date Assigned:	09/10/2014	Date of Injury:	01/01/2004
Decision Date:	02/12/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 67-year-old female with a date of injury of 01/01/2004. According to progress report dated 06/27/2014, the patient presents for a follow-up regarding her low back and neck pain. She continues to exercise at the [redacted] on a regular basis and it is helping her with her pain level. She also continues her home exercise program on a regular basis and does have a self-traction device for her cervical spine. She is currently utilizing Norco 10/325 mg and ibuprofen 600 mg. The patient reports constant aching neck pain with radiation into the bilateral thumbs, which worsens at night. Treatment history has included chiropractic sessions, cervical epidural, acupuncture, and medications. Physical examination on this date revealed diffuse tenderness to palpation of the cervical spine that is greater on the left side with mild spasms noted. The patient has limited range of motion of the cervical spine. The sensation of the upper extremity is intact. The right deltoid and biceps are 5-/5. The listed diagnoses are: 1. DDD of cervical and lumbar spine. 2. Cervical radiculopathy. 3. Lumbar facet arthropathy. 4. Ongoing right hand complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - 10003 Cervical Collar U Sugg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012 / Official Disability Guidelines (ODG): Cervical Spine Section: Cervical Collars

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, Collars (cervical).

Decision rationale: The patient is currently permanent and stationary. Treatment plan was for chiropractic care, TENS unit, medications, and "10003 cervical collar-U SUGG." The utilization review denied the request on 08/01/2014. The medical file provided for review includes treatment reports from 03/17/2014 through 06/27/2014. ACOEM chapter 8, Page 175 for Cervical Collars states, "Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities." Regarding cervical collars, the ODG Guidelines under its neck and upper back chapters states, "Maybe appropriate where post-operative and fracture indications exist." In this case, ACOEM guidelines do not support cervical collars and ODG states it may be appropriate for post-operative use or when there is a fracture. This patient is not in a post-operative state and there is no concern for fracture. The requested cervical collar is not medically necessary.