

Case Number:	CM14-0218377		
Date Assigned:	01/08/2015	Date of Injury:	11/14/2013
Decision Date:	03/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on November 14, 2013. He has reported an injury to his right neck, upper trapezius and shoulder. The diagnoses have included cervical radiculopathy with MRI evidence of C6-7 disc and osteophyte complex causing severe foraminal stenosis and electrodiagnostic studies confirming right C6 radiculopathy. Treatment to date has included pain management, chiropractic therapy, physical therapy and acupuncture therapy. An MRI of the cervical spine without contrast on December 17, 2013 revealed foraminal stenosis of C2-C3, C3-C4, C4-C5 and C6-C7. Currently, the injured worker complains of neck and right upper extremity pain with numbness and weakness in the right arm and hand. On examination, the cervical spine reveals numbness in the right thumb and weakness of the right biceps. Neurologic examine of the upper extremities was normal with regard to sensation, motor strength and deep tendon reflex. Surgery was recommended and requested. On December 5, 2014 Utilization Review non-certified a request for molded cervical collar, noting that the surgical procedure for which the cervical collar was requested was not certified therefore the collar was not certified. The Peer review states that the surgery was denied due a request for a 23 hour hospital stay and Guidelines recommend 24-72 hours. The MTUS, ACOEM Guidelines, and Official Disability Guidelines were cited. On December 30, 2014, the injured worker submitted an application for IMR for review of a molded cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar: Overturned

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 Neck and upper back

Decision rationale: MTUS Guidelines do not address the issue of cervical collar needs post surgery. ODG Guidelines do address this issue and the Guidelines note that well fitted post surgical collars are standard practice. Even though the surgery was denied, it is documented that the cervical surgery was denied based on a minor technical issue i.e. length of stay and not the medical necessity of the surgery. In addition, future surgery was recommended when this patient was declared Permanent and Stationary. With the certainty for future surgery, the custom molded post operative cervical collar is supported by Guidelines and is medically necessary.