

Case Number:	CM14-0035411		
Date Assigned:	06/23/2014	Date of Injury:	08/12/2013
Decision Date:	02/25/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/21/2014

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: Physical Medicine & Rehabn

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 54-year-old male with date of injury of 08/12/2013. The listed diagnoses from 01/21/2014 are: 1. C5-C6 disk herniation with severe spinal cord compression. 2. Right greater than left arm pain without myelopathy. According to this report, the patient complains of neck and right arm pain at a rate of 8/10. He had an EMG and MRI scan, which showed large central C5-C6 disk herniation with some ossification of posterior longitudinal ligament causing severe spinal cord pressure. There is moderate degenerative changes secondary to disk osteophyte complexes and ossification of the posterior longitudinal ligament posterior to C3, C4, C5, and C7, sparing the intervertebral disk spaces. No physical examination was noted on this report. Treatment reports from 08/13/2013 to 01/21/2014 were provided for review. The utilization review denied the request on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, cervical collar, post-operative fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: This patient presents with neck and right arm pain. The treating physician is requesting a Cervical Collar. ACOEM chapter 8 page 175 states, "Cervical collars: Initial care ... 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 clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars in prolonged periods of rest are generally less effective than having patients maintain their usual, 'pre-injury' activities." The records show that the patient has been utilizing a cervical collar since 08/22/2013. The patient is not postoperative. The treating physician notes that the patient is utilizing the cervical collar for "comfort." In this case, cervical collars have not been shown to have any lasting benefit except for the first few days in severe cases. The request is not medically necessary.