

Case Number:	CM15-0103791		
Date Assigned:	06/08/2015	Date of Injury:	05/08/2012
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 41 year old female who sustained an industrial injury on 05/08/2012. Current diagnoses include cervical disc displacement without myelopathy, headache-tension, degenerative cervical disc, pain psychogenic, unspecified major depression, and leukemia in remission. Previous treatments included medications, physical therapy, trigger point injections, cervical epidural injections, functional restoration program, and home exercise program. Report dated 04/14/2015 noted that the injured worker presented with complaints that included chronic neck pain, head and right upper extremity pain. Pain level was not included. Physical examination was positive for neck pain and headaches. The treatment plan included a request for a soft cervical collar and follow up in 6 weeks. It was noted that the soft cervical collar was recommended by physical therapy to wear in the evening while she actively rehabilitates her neck. Disputed treatments include soft cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181.

Decision rationale: The MTUS states that cervical collar more than 1 or 2 days is 'not recommended'. It further states that, 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. In this case, the date of injury was 3 years ago. The medical records fail to document any re-injury. As such, the request for cervical soft collar is not medically necessary.