

Case Number:	CM15-0014626		
Date Assigned:	02/04/2015	Date of Injury:	01/18/2011
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic, neck, hand, low back, and knee pain reportedly associated with an industrial injury of January 18, 2011. In a Utilization Review Report dated January 16, 2015, the claims administrator denied a request for a cervical collar. The applicant's attorney subsequently appealed. In a December 31, 2014 progress note, the applicant reported ongoing complaints of neck pain. The applicant was considering a cervical epidural steroid injection. Ancillary complaints of shoulder and knee pain were also evident. The applicant was receiving unspecified medications from another provider, it was noted. In a progress note dated November 21, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain. On August 22, 2014, the applicant was placed off of work, on total temporary disability, while Norco, naproxen, and Flexeril were renewed. MRI imaging of cervical spine was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rigid Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Workers' Compensation,Chapter; Neck and Upper Back

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

Decision rationale: 1. No, the proposed cervical collar was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, usage of a cervical collar for more than one day is deemed not recommended. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. It was not clearly stated why a cervical collar was being endorsed at this late stage in the course of the claim, several years removed from the date of injury, January 18, 2011. Therefore, the request was not medically necessary.