

Case Number:	CM15-0113681		
Date Assigned:	06/22/2015	Date of Injury:	10/18/2012
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on October 18, 2012. He reported neck pain with loss of consciousness when a heavy glass came crashing down on him while putting produce in a window display. The injured worker was diagnosed as having cervicalgia, closed head injury with loss of consciousness, ongoing headaches, cervical sprain and left upper extremity radiculopathy. Treatment to date has included diagnostic studies, physical therapy with some benefit, massage therapy, medications and work restrictions. Currently, the injured worker complains of ongoing neck pain, upper back pain, occipital headaches, nausea, memory difficulties, sleep disruptions and left upper extremity pain tingling and numbness. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 10, 2015, revealed continued pain with associated symptoms as noted. He also reported continued posttraumatic runny nose and frequent nosebleeds. He reported he was becoming more reclusive and irritable. He reported worsening symptoms with noise and crowds. A spinal Q brace was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q-Brace: 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.

Decision rationale: The ACOEM chapter on neck complaints 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. Neck braces are not recommended by the ACOEM and the provided documentation for review provided no objective reasons to contradict these recommendations and therefore the requested service is not medically necessary.