

Case Number:	CM15-0115425		
Date Assigned:	06/23/2015	Date of Injury:	05/18/2005
Decision Date:	08/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old male with an industrial injury dated 05/18/2005. His diagnoses included cervical 4-5, cervical 5-6 and cervical 6-7 disc injuries, neck and bilateral shoulder pain, right anterior shoulder pain and impingement syndrome, left lateral epicondylitis, chronic temporomandibular joint pain, left side, status post anterior cervical 4 to cervical 7 fusion with instrumentation and probably pseudoarthrosis cervical 6-7. Prior treatments included medications, diagnostics and surgery. He presents on 05/05/2015 for follow up of his neck pain and right shoulder pain. He continued to have significant symptoms. He has pain with any type of activities and is complaining of numbness into his left hand. Physical exam noted significant pain in his lower cervical area with restricted range of motion. Motor exam showed 5/5 strength in the wrist flexion, wrist extension, biceps and triceps. The treatment request is for a 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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Collars (cervical).

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck and right shoulder pain. He underwent an anterior cervical decompression and fusion in 2012 and has a probable pseudoarthrosis. When seen, he had significant lower cervical pain with restricted range of motion. There was normal upper extremity strength. A cervical collar was requested. Surgery was being planned. Guidelines recommend against the use of a support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, the claimant has neck pain and a failed cervical spine fusion. Surgery is being planned. The requested cervical support collar was medically necessary.