

Case Number:	CM15-0038842		
Date Assigned:	03/09/2015	Date of Injury:	02/20/2014
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who sustained an industrial injury on February 20, 2014. The injured worker initially complained of left shoulder, neck and low back pain. The injured worker was initially treated with physical therapy, right knee brace and medication. A cervical magnetic resonance imaging (MRI) performed on August 5, 2104 demonstrated moderate to severe foraminal stenosis on the left at C5-C6 and left greater than right at C6-C7. The injured worker was diagnosed with cervical discopathy, C5-C6 and C6-C7 with radiation to both upper extremities, cervicogenic headaches and lumbar degenerative scoliosis. According to the primary treating physician's progress, report on January 19, 2015 the injured worker continues to experience pain and muscle spasms of the neck, shooting pain to her left ear, and numbness and tingling radiating to her right elbow and left hand. The injured worker also reports headaches, facial pain and nausea. The injured worker reports loss of strength in both hands and a cold sensation with her right hand turning blue. She describes muscle tension between her shoulder blades. Current medications are noted as Tramadol, Flexeril, Voltaren and Vivan. According to the physician's report, the treatment plan consists of cervical surgical intervention (approved for a cervical fusion and cancelled by the patient), approved aqua therapy, pain psychologist, injections to the lower back and cervical region and current request for a 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Workers' Compensation, 19th Edition, Neck and upper neck Chapter, Cervical collar, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official disability guidelines neck and upper back chapter, cervical collars.

Decision rationale: Based on the 1/19/15 progress report provided by the treating physician, this patient presents with neck pain rated 7-9/10 with spasms radiating into her left ear, and numbness/tingling radiating into her right elbow and left hand, with bilateral shoulder pain, and constant lumbar spine pain rated 7-9/10 with numbness/tingling radiating to her bilateral feet. The treater has asked for SOFT CERVICAL COLLAR on 1/19/15. The patient's diagnoses per Request for Authorization Form dated 1/30/15 are cervical discopathy C5-7, radiculopathy, and lumbar degenerative scoliosis. The patient is s/p X-rays of the bilateral shoulders, X-ray/MRI of the L-spine, and X-ray/MRI of the C-spine. The patient has failed conservative treatment including a back brace, medication, work restrictions, physical therapy. The patient has not had prior surgeries to the C-spine, L-spine, or shoulders. The patient is temporarily totally disabled since March 2014. The 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." Regarding cervical collars, the ODG Guidelines under its neck and upper back chapters states, "May be appropriate where post-operative and fracture indications exist." A physical exam on 1/19/15 showed tenderness to palpation from C1 to C7, cervical range of motion restricted by 20 degrees in forward flexion, left lateral bending, and left rotation, and normal motor strength and normal deep tendon reflexes. The patient has persistent cervical pain and functional deficits. In this case, ACOEM guidelines do not support cervical collars and ODG states it may be appropriate for post-operative use or when there is a fracture. This patient is not in a post-operative state and there is no concern for fracture. The requested soft cervical collar script IS NOT medically necessary.