

Case Number:	CM15-0043023		
Date Assigned:	03/13/2015	Date of Injury:	05/20/2011
Decision Date:	05/07/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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 (IW) is a 57 year old male who sustained an industrial injury on 05/20/2011. He reported neck pain. The injured worker was diagnosed as having neck sprain. Treatment to date has included a fusion of the neck in 03/2012, acupuncture, and injections. Most recently he has had trigger point injection x 2 to the posterior cervical paraspinal muscles. Currently, the injured worker complains of headaches and neck pain. There was past discussion of removal of the cervical hardware, but the worker chooses to not pursue this option. The current treatment plan includes continuation of treatment by a neurologist, and requesting a neck brace. A request for authorization was made for a cervical brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The patient was injured on 05/20/2011 and presents with neck pain and headaches. The request is for a Cervical Brace. There is no RFA provided, and the patient is to remain off work. The report with the request is not provided. There is no indication of the patient using the cervical collar prior to this request. 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 and prolonged periods of rest are generally less effective than having patients maintain their usual 'pre-injury' activities. Regarding cervical collars, ODG Guidelines under its neck and upper back chapter states: Maybe appropriate where postoperative and fracture indications exist. The patient has tenderness in the left paracervical with spasm, right paracervical with spasm, and trapezius. There is evidence of muscle spasm at the cervical spine and motion of the neck causes painful symptoms. The patient has a limited cervical spine range of motion and is S/P ACDF C4 to C6 (03/08/2012). In this case, ACOEM Guidelines do not support cervical collars, and ODG states it may be appropriate for postoperative use or when there is a fracture. The patient is not in postoperative state and there is no concern for a fracture. Therefore, the requested cervical brace is not medically necessary.