

Case Number:	CM15-0068895		
Date Assigned:	05/22/2015	Date of Injury:	12/17/2014
Decision Date:	06/17/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Arizona, California
 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 36 year old male who sustained an industrial injury on 12/17/14. Initial complaints and diagnoses are not available. Treatments to date include acupuncture and medications. Diagnostic studies include a cervical spine MRI which showed mild degenerative disease, and moderate paracentral disc-ostophyte complex contacting the cervical cord. Current complaints include pain in the neck, right shoulder, and upper extremity as well as numbness in the right upper extremity. Current diagnoses include cervical disc injury, cervical strain, right shoulder strain, and myofascial pain syndrome. In a progress note dated 03/19/15 the treating provider reports the plan of care as medications including hydrocodone, and a electro diagnostic and nerve conduction study. The requested treatments include is a hard cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hard cervical collar: 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): 258.

Decision rationale: According to the guidelines, 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. In this case, the claimant's injury was several months old. Length of use of the collar was not specified. The request for a cervical collar is not medically necessary.