

Case Number:	CM15-0076795		
Date Assigned:	04/28/2015	Date of Injury:	02/22/2010
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 53 year old male, who sustained an industrial injury on 02/22/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spondylotic radiculopathy. Treatment to date has included x-rays of the cervical spine, medication regimen, and magnetic resonance imaging of the cervical spine. In a progress note dated 02/11/2015 the treating physician reports complaints of continual pain to the neck and bilateral arms. The treating physician also notes spasms and tenderness to the paraspinal muscles. The documentation provided did not contain a recent request 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 (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: The ACOEM Guidelines support the use of a cervical collar or bracing only for short-term use in the setting of severe problems, such as central cord compression. This treatment has not been shown to have any benefit except for comfort in the first few days following severe injury or conditions. Longer use can result in weakness and can worsen the worker's function. Specifically this treatment is not recommended for longer than one to two days. The submitted records indicated the worker experiencing neck pain that went into the arms. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a cervical brace is not medically necessary.