

Case Number:	CM15-0091311		
Date Assigned:	05/15/2015	Date of Injury:	06/01/2010
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old female who sustained an industrial injury on 06/01/2010. The injured worker was diagnosed with cervical stenosis, cervical radiculopathy and cervical sprain/strain. Treatments, diagnostic testing, therapy and surgical interventions to date were not documented. According to the primary treating physician's progress report on April 15, 2015, the injured worker continues to experience neck pain, worse on the right side and when using her right arm. The injured worker wears a cervical collar and Velcro no longer holds in place. The injured worker declines oral medications. Examination demonstrated weakness of elbow flexion, extension and thumb abduction with moderate tenderness and spasm at C5-C7 bilaterally. Tenderness was also noted over L5-S1. Current medications are listed as Bengay cream. Treatment plan consists of topical analgesics to affected areas for pain, precautions with activities of daily living, vitamin B12 supplement and the current request for cervical collar replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical collar replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Verhagen, 2002; Borchgrevink, 1998; Gennis, 1996.

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

Decision rationale: According to MTUS guidelines, cervical collar is not recommended for chronic cervical complaints including neck sprain. Furthermore, the patient has been using cervical collar for sometime without any evidence of pain and functional improvement. Therefore, the prescription of Cervical collar replacement is not medically necessary.