

Case Number:	CM15-0097077		
Date Assigned:	05/27/2015	Date of Injury:	10/01/2013
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/20/2015

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 42 year old female, who sustained an industrial injury on 10/1/2013. The current diagnoses are cervical disc herniation and cervical radiculitis. According to the progress report dated 4/16/2015, the injured worker is one week post-op cervical fusion. She reports increased right arm pain and muscle spasms. The physical examination of the cervical spine reveals mildly restricted range of motion and trace weakness of the right triceps muscle. The current medications are Naproxen and Tylenol. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, chiropractic, electrodiagnostic testing, and surgical intervention. The plan of care includes 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: 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): 175.

Decision rationale: Regarding the request for a cervical collar, ACOEM guidelines states cervical collars have not demonstrated any lasting benefit, except for the first few days in severe cases and may in fact, cause weakness and debilitation from its prolonged use of immobilization. ODG also does not recommend cervical collars for neck sprain and strain or even post one-level cervical fusion due to lack of scientific benefit from bracing. Submitted reports have not adequately demonstrated the indication or necessity for this cervical collar with clinical findings of instability for this chronic injury of 2013 without report of acute flare, new injury, or progressive deterioration. The Soft cervical collar is not medically necessary and appropriate.