

Case Number:	CM15-0098734		
Date Assigned:	06/02/2015	Date of Injury:	08/20/1997
Decision Date:	06/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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:

This 52 year old man sustained an industrial injury on 8/20/1997. The mechanism of injury is not detailed. Diagnoses include degeneration of cervical intervertebral disc and displacement of cervical intervertebral disc without myelopathy. Treatment has included oral and topical medications include oral medications and trigger point injections. Physician notes dated 3/2/2015 show complaints of cervical spine pain with radiation to the back of the head and down the mid back between the shoulder blades rated 4/10 with medications and 6.5-7/10 without medications. Recommendations include continue the current medications regimen including MS Contin, Percocet, Xanax, Soma, Voltaren gel, Amitiza, and cervical spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical soft cervical brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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

Decision rationale: The MTUS/ACOEM guidelines comment on the use of cervical braces/collars as a treatment modality. These guidelines make the following comments on cervical soft braces: "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 the 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, preinjury activities." In this case there is insufficient justification for the use of a cervical soft brace as a treatment modality for this patient. As noted in the above cited MTUS guidelines, a soft cervical collar has not been shown to have benefit and may in fact cause weakness. For this reason, the use of one cervical soft/cervical brace is not considered as medically necessary.