

<b>Case Number:</b>	CM15-0099288		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 male, who sustained an industrial injury on October 20, 2011. The mechanism of injury was a strike to the back of the head and left arm by a heavy bed frame. The diagnoses have included chronic cervical spine pain, secondary myofascial pain, cervical facet syndrome and cervical disc disease. Treatment to date has included medications, radiological studies, trigger point injections, physical therapy, cervical facet injections, cervical MRI, chiropractic treatments, a pain psychologist and a transcutaneous electrical nerve stimulation unit. Current documentation dated April 22, 2015 notes that the injured worker reported ongoing pain in the left shoulder and upper trapezius muscles region. Examination revealed the injured workers head to be forward flexed and his shoulders to be protracted anteriorly forward. The injured worker had tenderness to palpation in the left upper trapezius muscles and diffusely around the shoulder. The upper trapezius muscles were hypertonic and the lower trapezius muscles were underdeveloped. Cervical spine range of motion was functional. Range of motion of the left shoulder was restricted. An impingement sign was positive on the left. The treating physician's plan of care included a request for a cervicothoracic posture brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervicothoracic posture 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), Knee, Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Neck and upper back chapter; Cervical braces; Soft collars, page 572.

**Decision rationale:** Regarding the request for a cervical brace, 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 brace 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 cervicothoracic brace without clinical findings of instability for this chronic injury of 2011 without report of acute flare, new injury, or progressive deterioration. The Cervicothoracic posture brace is not medically necessary or appropriate.