

<b>Case Number:</b>	CM14-0145204		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/26/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60 year old man with a date of injury of 12/26/02. He was seen by his pain provider on 8/21/14 requesting a cane and a neck brace for better stability while ambulating for his low back pain and neck pain. His pain was rated 7/10 and was in his low back with radiation to his lower extremities as well as increased multiple joint pain especially in his wrists. He could perform light house hold chores including raking leaves, gardening, caring for animals and running errands. His exam showed that his head was normocephalic and atraumatic. He had decreased range of motion of his neck due to pain and had pain with range of motion. His relevant diagnoses included cervical spine strain and cervicgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 soft neck brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

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

**Decision rationale:** This injured worker has chronic neck pain and at issue is a neck brace. 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. In this injured worker, the records do not substantiate the medical necessity for a neck brace and what the treatment goals are. The records also do not document the risk of further weakness and debilitation from prolonged use of a neck brace. The neck brace is not medically necessary.