

<b>Case Number:</b>	CM13-0054330		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/02/2010
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury October 2, 2010. A utilization review determination dated October 9, 2013 recommends noncertification of a cervical spine soft collar. A progress report dated December 11, 2013 includes subjective complaints of neck and bilateral upper extremity pain with EMG/NCS (electromyogram/ nerve conduction study) identifying denervation in the right C5-6 my its home consistent with acute C5-6 radiculopathy on the right. The note indicates that the patient has occasional discomfort but the therapy is effective in alleviating his pain. Objective examination findings identify restricted range of motion in all planes with increased pain. Diagnoses include cervical disc with radiculitis, degeneration of cervical disc, cervicalgia, and thoracic pain. The treatment plan recommends myofascial release, infrared, and electroacupuncture. A progress report dated October 14, 2013 includes a treatment plan stating, "I am requesting C-spine soft collar as recommended by [REDACTED]." In an appendix to report dated September 11, 2013 includes a review of records which contains a summary of [REDACTED] May 6, 2013 note recommending a cervical collar. [REDACTED] May 6, 2013 note includes diagnoses of right cervical radiculitis with no relief from epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C-Spine soft collar:** 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), Neck and Upper Back Chapter

**MAXIMUS 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 (ODG), Neck and Upper Back Chapter, Cervical Collar

**Decision rationale:** Regarding the request for cervical collar, the American College of Occupational Medicine (ACOEM) Practice Guidelines state that cervical collars have not been shown to have any lasting benefit, except for comfort in the 1st few days of the clinical course in severe cases, in fact weakness may result from prolonged use and will contribute to debilitation. The Official Disability Guidelines (ODG) state that cervical collars are not recommended for neck sprains. The patients diagnosed with whiplash associated disorders and other related acute neck disorders may commence normal preinjury activities to facilitate recovery. Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. They may be appropriate where postoperative and fracture indications exist. Within the documentation available for review, there is no indication that the patient has a diagnosis of a fracture or a recent surgical intervention. The guidelines do not support the use of cervical collars outside of those diagnoses. As such, the current request for cervical collar is not medically necessary.