

<b>Case Number:</b>	CM13-0063900		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 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 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 patient is a 74 year-old female with date of injury 02/15/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/19/2013, lists subjective complaints as neck pain with radiation to the right shoulder/upper arm. Objective findings: Inspection of the cervical spine revealed moderate right-sided torticollis/latercollis and moderate right greater than left muscle spasm of the paracervical and trapezius muscles. Range of motion was restricted in all planes due to pain and Spurling's test as negative bilaterally. Sensation was normal to light touch in both upper extremities. Diagnosis: 1. Cervical strain with right cervical radiculitis with secondary cervical torticollis 2. Spasmodic torticollis 3. Anxiety/depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SOFT COLLAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), NECK AND UPPER BACK COMPLAINTS, CHAPTER 8, PAGE 175

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

**Decision rationale:** 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, "pre-injury" activities. Therefore this request is not medically necessary.