

<b>Case Number:</b>	CM14-0100247		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/27/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Pain Management 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 injured worker is a 67-year-old female who initially injured her right knee on 11/27/2010 while lifting a patient. She now complains of right-sided neck pain, which she first mentioned on 12/09/13; complaints of pain with intermittent arm pain that are worse at night. She was provided with a soft cervical collar on 04/10/14, but no exam findings or diagnosis was given. The injured worker has been diagnosed with: multiple herniated nucleus pulposus of the lower spine; lumbar radiculopathy; left knee arthralgia; and right knee arthralgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adjustable foam collar.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Neck Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Collars (cervical).

**Decision rationale:** Per Official Disability Guidelines, an adjustable foam collar is not recommended for neck sprains. Furthermore, there is no record of a detailed history or physical examination pertinent to cervical spine to demonstrate the medical necessity. There is no

documentation of any imaging studies, surgical procedures or whiplash injuries to warrant use of this collar. Therefore, the request for soft cervical collar is denied as there is no medical necessity due to guidelines and lack of documentation.