

<b>Case Number:</b>	CM14-0100918		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	06/19/2014
<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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old female was reportedly injured on May 27, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 16, 2014, indicates that there are ongoing complaints of neck pain and back pain. The physical examination demonstrated guarded motion and pain with extremes of motion. There was a normal upper extremity neurological examination. Trigger points were noted with a palpable twitch response at the base of the neck and trigger point injections were provided. Diagnostic imaging studies were not provided. Previous treatment is unknown. A request had been made for a soft cervical collar and was not certified in the pre-authorization process on June 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soft Cervical 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.

**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, Soft Collars, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines soft cervical collars are not recommended. Patients with whiplash associated disorders and other acute neck disorders may commence normal, preinjury activities to facilitate recovery. Rest and immobilization using soft cervical collars are less effective. Considering this, this request for soft cervical collars not medically necessary.