

<b>Case Number:</b>	CM14-0036755		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/26/2008
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Family Medicine, and is licensed to practice in Tennessee, California, and Florida. 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 53 year old male who sustained an injury to his neck on 10/26/04 due to being struck in the head with a rock while wearing a hardhat. An MRI of the cervical spine dated 8/6/13 revealed mild central canal stenosis at C3-4 and C6-7 from annular disc bulging, more shallow disc protrusions or disc bulging at C4-5 and C5-6 without central canal stenosis, mild bilateral neural foraminal narrowing at C3-4 and C6-7, and mild neural foraminal narrowing on the left at C5-6. A clinical note dated 10/8/13 reported that the injured worker continued to complain of severe neck pain and headaches. Physical examination noted that the injured worker was neurologically intact in the bilateral upper extremities/lower extremities. EMG/NCV dated 8/5/13 revealed no evidence of cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**█ Cervical Collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines state that cervical collars are not recommended for neck sprains. Rest and immobilization using collars are less effective, and recent high quality studies found little difference among conservative whiplash therapies, with some advantage to mobilization over immobilization. Given this, the request for [REDACTED] cervical collar is not indicated as medically necessary.