

<b>Case Number:</b>	CM15-0211309		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old female, who sustained an industrial injury on 1-12-12. The injured worker is diagnosed with neck sprain, brachial neuritis, cervical intervertebral disc displacement without myelopathy and spinal stenosis. Her work status is temporary total disability. Notes dated 8-13-15, 9-25-15 and 9-29-15 reveals the injured worker presented with complaints of neck pain that radiates to her right upper extremity. The pain is described as weakness, constant ache, stiffness, sharp and numbness with a tingling sensation. Her pain is rated at 3-9 out of 10. Physical examinations dated 9-25-15 and 9-29-15 revealed decreased cervical lordosis, decreased sensation to pinprick and light touch in the right C5, C6 and C7 dermatomes. There is tenderness at the paraspinal musculature and trapezius spasms noted, compression test causes lower cervical spine pain and there is bilateral upper extremity radiculopathy. Treatment to date has included physical and occupational therapy, chiropractic care, home exercise program and medication. Diagnostic studies include x-rays, electrodiagnostic studies and cervical MRI. A request for authorization dated 9-25-15 for cervical collar is non-certified, per Utilization Review letter dated 10-19-15.

### 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:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Collar (Cervical).

**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 (Acute & Chronic), Collars (cervical).

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in January 2012 and is being treated for chronic neck pain and low back pain. She underwent a right subacromial decompression in December 2014. When seen in September 2015 she was having neck pain radiating into arms with numbness and tingling and lumbar paraspinal muscle pain with prolonged sitting. Physical examination findings included cervical and trapezius muscle tenderness with decreased range of motion. There was positive cervical compression testing. A semi-rigid cervical collar was requested. Cervical collars are frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck. In this case, there is no history of significant cervical trauma and the claimant has not undergone surgery of the cervical spine. There is no evidence of cervical spine instability by imaging. The request was not medically necessary.