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| <b>Case Number:</b>   | CM15-0047500 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 04/07/2001 |
| <b>Decision Date:</b> | 04/24/2015   | <b>UR Denial Date:</b>       | 02/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2015 |

### 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: California

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 female, who sustained an industrial injury on April 7, 2001. The injured worker was diagnosed as having spinal stenosis in cervical region. Treatment to date has included a C3-C7 cervical spine fusion and medication. Currently, the injured worker complains of left sided neck pain and numbness. The Treating Physician's report dated November 17, 2014, noted the injured worker's left sided neck pain extended from the base of her skull along the trapezius to the shoulder, with very limited range of motion (ROM) of her neck. The Physician noted the injured worker's muscles were tight with some fibrosis. X-rays were noted to be reviewed and satisfactory. Patient was recently involved in an automobile accident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical collar low profile 3-inch universal purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical Collar.

**Decision rationale:** Regarding the request for cervical collar, Occupational Medicine Practice Guidelines state that 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. ODG states that cervical collars are not recommended for neck sprains. Patients diagnosed with whiplash associated disorders and other related acute neck disorders may commence normal pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective and not recommended for treating whiplash patients. They may be appropriate where postoperative and fracture indications exist. Within the documentation available for review, the patient has a recent history of cervical fusion and recently was involved in a motor vehicle accident. Given the recent surgical history and interval injury secondary to MVA, the request for a collar appears reasonable. In light of the above, the current request for cervical collar is medically necessary.