

<b>Case Number:</b>	CM15-0052783		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/27/1991
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 71-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 27, 1991. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve a request for a soft cervical collar apparently ordered on January 29, 2015. The applicant's attorney subsequently appealed. In a progress note dated November 7, 2014, the applicant reported ongoing complaints of neck pain. The applicant was using 240 tablets of Norco per month, in addition to Duragesic, Robaxin, and Ambien. The applicant's work status was not clearly stated, although it did not appear that the applicant was working following imposition of permanent work restrictions. The applicant had also reportedly tested negative for opioids on urine drug testing, the treating provider acknowledged. On January 29, 2015, the applicant reported ongoing complaints of neck pain. The applicant is using Duragesic, Norco, Robaxin, and Ambien, it was acknowledged. Multiple medications were renewed. A cervical collar was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Cervical soft collar:** Upheld

**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): 181.

**Decision rationale:** No, the request for cervical collar was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, usage of a cervical collar is "not recommended" beyond one to two days. Here, the request to introduce and/or purchase of cervical collar at this late stage in the course of the claim, several years from the date of injury, February 27, 1991, thus, ran counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.