

<b>Case Number:</b>	CM14-0131624		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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 patient has date of injury of June 10, 2013. He has chronic neck pain, pain in the left upper extremity, and reports difficulty with balance and tingling in both hands. He takes Vicodin for his pain. On physical examination he has diminished sensation in left C6-7 dermatomes. Grip strength is weak. Biceps and triceps are weak on the left side. Reflexes are increased with Hoffman sign both hands. MRI shows C3-4-2 millimeters protrusion. There disc protrusions at C4-5 and C5-C6. At C5-6 is mild canal stenosis. The issue is whether a cervical collar is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rigid 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: Neck & Upper Back (updated 05/30/14) Cervical collar, post operative (fusion).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Back Pain Chapter, ODG Neck Pain Chapter.

**Decision rationale:** Guidelines do not recommend the use of cervical collar for degenerative neck pain. In addition the medical records do not support the need for surgery as there is no

clear correlation between MRI imaging studies in the patient's exam showing specific radiculopathy or myelopathy with compression of the nerve roots or spinal cord. There is also no documented instability. The patient has degenerative disc condition the cervical spine. There is no role for cervical orthosis. Criteria for cervical orthosis not met. Therefore, the request for a rigid cervical collar is not medically necessary in this case.