

<b>Case Number:</b>	CM14-0142866		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/04/2000
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Physical Medicine & Rehabilitation 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:

This is a 70-year-old female with a 1/4/00 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/15/14, the patient complained of mild-moderate pain in the left leg that radiated to the left foot, left calf, and left thigh. She rated her pain without medications at a 5 and with medications at a 1. Objective findings: mild swelling of left knee, tenderness of left lateral joint line. She had the cervical surgery for stenosis and cord compression rescheduled due to still completing the pre-op work up. Diagnostic impression: degeneration of intervertebral disc, displacement of cervical intervertebral disc without myelopathy, osteoarthritis, reflex sympathetic dystrophy of lower extremity. Treatment to date: medication management, activity modification. A UR decision dated 9/15/14 denied the request for Vista Aspen Collar. The requested surgical procedure is a single level fusion at the C3-4 level. However, the recommended guidelines does not recommend the use of cervical collars after a single level of fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a Vista Aspen collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck and Upper Back, Collars (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 Chapter

**Decision rationale:** CA MTUS does not address this issue. ODG does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. It is noted that the patient has not yet had the cervical surgery. Since the surgical procedure has not yet been completed, this post-operative request cannot be substantiated. Therefore, the request for Purchase of a Vista Aspen collar was not medically necessary.