

<b>Case Number:</b>	CM15-0073261		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	08/20/1999
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: North Carolina  
Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury 8/20/1999. Her diagnoses, and/or impressions, included: cervical herniated nucleus pulposus, and chronic neck pain. No current magnetic resonance imaging studies are noted. Her treatments were noted to include physical therapy; heat therapy; rest from work; and medication management. Progress notes of 3/23/2015 are hand written and mostly illegible. Noted was that she was given the wrong heat pad; increase trap tightness; decreased activities of daily living, and relief with medications. Recent history notes increased neck stiffness and limited range of motion, with relief from medications. The physician's requests for treatments were noted to include a cervical soft collar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Soft Collar Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** The ACOEM chapter on neck complaints and cervical collars states: 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. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. Based on the ACOEM recommendations concerning the use of cervical collars, the request is not medically necessary.