

Case Number:	CM13-0042451		
Date Assigned:	06/09/2014	Date of Injury:	01/08/2013
Decision Date:	12/26/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Spinal Surgeon and is licensed to practice in New York. 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 a date of injury of January 8, 2013. The patient has chronic neck pain. She is a 31-year-old female. She has had physical therapy, acupuncture, and medications. She continues to have chronic neck pain. MRI shows C5-C6 disc protrusion with effacement of the cord and compression of the C6 nerve root. Physical exam shows right upper extremity weakness, sensory loss and decreased reflexes. The patient has been indicated for C5-C6 ACDF surgery. At issue is whether cervical collar and hot cold therapy a medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Collar with Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Collars.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Pain Chapter .

Decision rationale: The ODG guidelines do not recommend the use of a cervical collar after single level ACDF surgery. Medical literature does not support improved outcomes with use of

a collar as a single level ACDF surgery. Therefore the request for Collar after single level ACDF surgery is not medically necessary.

Hot/Cold Therapy Unit with Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Pain Chapter.

Decision rationale: The use of hot cold therapy has not been demonstrated to improve outcomes after anterior neck surgery. Guidelines do not support the use of hot cold therapy at the anterior neck surgery. Medical literature does not support the use of hot cold therapy for improved outcomes after neck surgery. The request for Hot /Cold Therapy is not medically necessary.