MAXIMUS Federal Services

Case Number:	CM13-0045500		
Date Assigned:	04/25/2014	Date of Injury:	09/26/2008
Decision Date:	06/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and 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:

The patient is a 62 year old male who was injured on 09/26/2008 when he fell stripping floors. The patient is pending a C4-C7 ACDF with hardware. The progress report dated 08/29/2013 documented the patient with persistent pain in the low back. Objective findings on examination of the cervical spine reveals tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. There is pain with terminal motion. An examination of the bilateral shoulders reveals positive Hawkin's and impingement sign. There is limited range of motion and weakness of the shoulder, left greater than right. The diagnoses are cervical discopathy and thoracic spine pain referred from cervical spine. The UR report dated 10/24/2013 recommended to certify request for bone growth stimulator for two levels. The request for Miami J Collar was modified and certified for Miami J Collar with the thoracic extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL COLLAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter, Cervical Collar, Post Operative (Fusion).

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

Decision rationale: California MTUS do not specifically discuss the issue in dispute and hence ODG have been consulted. The ODG states "There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable." The patient is noted to be pending a multi-level anterior cervical discectomy and fusion (C4-C7). Based on the procedure the patient is to have, the request for cervical collar may provide some benefit and is supported by guidelines. Based on the guidelines cited above and the patient's surgical procedure, the request is medically necessary.