

Case Number:	CM13-0059403		
Date Assigned:	06/09/2014	Date of Injury:	03/11/2011
Decision Date:	10/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 53 year old female with a date of injury on 3/11/2011. Diagnoses include brachial neuritis, cervical reconstruction at C4-C7 (8/3/2012), C4-C7 hardware removal and C4-5 anterior cervical discectomy and fusion (10/18/13). Subjective complaints are of residual symptoms in the cervical spine, but was doing better compared to preoperatively. Physical exam showed no upper extremity neurological deficit. Shoulders showed anterior tenderness and positive impingement signs. Bilateral hands/wrist showed positive Tinel's and Phalen's sign. Treatment plan was for removal of cervical hardware and a bone stimulator with a Minerva mini collar and a Miami J collar with thoracic extension. Prior utilization review certified the Minerva mini collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIAMI J COLLAR WITH THORACIC EXTENSION #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG does not recommend a cervical collar after single-level anterior cervical fusion with plate. 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. For this patient, a cervical brace was certified. Submitted documentation does not present rationale for the need for an additional collar. Therefore, the medical necessity for a Miami J collar is not established at this time.