

<b>Case Number:</b>	CM13-0060818		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Surgery 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 55-year-old gentleman who injured his neck in a work-related accident on 8/28/09. The records provided for review include the report of a 10/1/13 follow up visit noting generalized weakness, diminished strength of the upper extremities, left greater than right, chronic neck-related complaints and headache. The report documented that a cervical MRI showed spondylosis at multiple levels and at the C5-6 level neural foraminal narrowing and disc protrusion but no compressive pathology. It was noted that conservative care had failed to improve the claimant and the recommendation was made for a C5-6 anterior cervical discectomy and fusion. This review is for post-operative requests of a cervical collar and a bone growth stimulator. The records do not document whether the claimant's surgery has occurred or has been recommended as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL COLLAR MIAMI J COLLAR WITH THORACIC EXTENSION #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

**Decision rationale:** The California ACOEM Guidelines do not recommend the use of a cervical collar as the proposed surgery has not been recommended as medically necessary.

**BONE STIMULATOR:** 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).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

**Decision rationale:** The request for the post-operative use of a bone growth stimulator as the need for the proposed surgery has not been established.

**CERVICAL COLLAR MINERVA MINI COLLAR #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

**Decision rationale:** The request for the cervical collar cannot be recommended as medically necessary as the need for operative intervention in this setting has not been established.