

<b>Case Number:</b>	CM14-0005465		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 has a subspecialty in Spine Surgery and is licensed to practice in Texas & 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 injured worker is a 57 year old male who reported an injury on 05/14/2010 secondary to unknown mechanism of injury. The diagnoses included cervical spinal stenosis and disc degeneration, shoulder impingement and thoracic spinal stenosis. The injured worker was evaluated on 11/25/2013 for reports of neck and thoracic pain radiating to the upper extremities. The exam noted severely restricted range of motion and tenderness to palpation to the cervical area, diminished sensation to C5-C7. The exam also noted diminished sensation along the right flank radiating to the anterior aspect of the abdomen over the inferior ribs down to the iliac crest on the right. There was also diminished reflexes to the upper extremities bilaterally and hyperactive reflexes to the lower extremities. The treatment plan included a thoracic MRI and possible surgery. The request for authorization dated 11/27/2013 is in the documentation provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOFT SHOWER COLLAR FOR CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS official disability guidelines (ODG) Neck And Upper Back, Back Brace, Post Operative (Fusion).

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address this issue. The Official Disability Guidelines (ODG) state 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 injured worker was approved for a multilevel cervical fusion. However, there is no evidence in the documentation provided of fracture or need for immobilization indicating a need for a cervical collar. Therefore, the request for soft shower collar for cervical spine is not medically necessary.