

<b>Case Number:</b>	CM14-0111889		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/01/2001
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 48-year-old female who reported an injury on 02/01/2001. The mechanism of injury was not provided in the medical records. She is diagnosed with status post cervical discectomy and fusion and possible pseudoarthrosis at C6-7. Her past treatments were noted to include exercises, medications, and surgery. The injured worker underwent a posterior C6-7 fusion on 03/25/2014. On 06/16/2014, she was seen for a followup visit and it was noted that she was doing quite well. She reported symptoms of headaches and dizziness. Her physical examination revealed a restricted range of motion of the cervical spine, decreased sensation in her right index and middle fingers, decreased grip strength bilaterally, and normal deep tendon reflexes. Her medications included Tylenol with codeine. It was noted that she would continue immobilization with the cervical spine with use of a wire frame cervical orthosis. It was specified that the low profile brace would be more comfortable during the summer heat and she would continue immobilization for approximately 6 months postoperatively until a CT scan, which would be performed in 09/2014, determined whether her fusion was solid. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Wire Frame Orthosis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria>

**Decision rationale:** According to the Official Disability Guidelines, use of a postoperative cervical collar is not recommended after a single level anterior cervical fusion with plate as the use of a cervical brace does not improve the fusion rate or clinical outcomes of patients undergoing single level anterior cervical fusion with plating. The guidelines also specify that the use of cervical collars are instrumented cervical fusion is widely practiced, but studies have found no significant differences in clinical measures between the braced and nonbraced groups. The guidelines also specify that there may be special circumstances, including multilevel cervical fusion, in which some external mobilization may be desirable. The clinical information submitted for review indicated that the injured worker had undergone a 2 level cervical fusion on 03/25/2014 for a painful pseudoarthrosis at C6-7. It was noted that use of cervical collar was recommended until a CT scan determined whether the fusion was solid. Based on this documentation indicating that she had a previous pseudoarthrosis at C6-7 and had a recent multilevel cervical fusion, use of a cervical orthosis is supported. As such, the request for Cervical Wire Frame Orthosis is medically necessity.