

Case Number:	CM14-0153183		
Date Assigned:	09/23/2014	Date of Injury:	07/08/2010
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Emergency 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:

Patient with reported date of injury on 7/8/2010. Mechanism of injury is reported as a lifting injury. Patient has a diagnosis of cervical degenerative joint disease, cervicgia, R shoulder pain, and cervical spine stenosis. Medical reports reviewed. Last report available until 8/15/14. Patient complains of neck pain radiating to cape over shoulders and neck. Pain is 7/10. Radicular symptoms down arms. No weakness or numbness. Patient has reportedly attempted multiple conservative treatment modalities with no improvement. Objective exam revealed gross loss of range of motion of cervical spine. Positive Spurling's. Strength in upper extremities is reportedly normal. Sensation is reportedly normal. X-ray of Cervical spine (8/11/14) revealed severe C4-5 degenerative disc disease and moderate C4-C6 spondylosis changes. EMG/NCV (5/5/14) of upper extremities was normal. MRI of Cervical spine (8/11/14) revealed cervical spondylosis, straightening of lordosis, persistent central canal stenosis, C4-5 bulging disc and/or osteophyte abuts and slightly indents the anterior aspect of the cord with no signs of cord compression. Mild-moderate central canal stenosis and foraminal stenosis. C5-6 with bulging disc and/or osteophyte similar to C4-5. Medications include Norco, Soma, Voltaren, and Neurontin. Independent Medical Review is for post-operative cervical brace. Prior UR on 8/26/14 recommended not medically necessary. UR report states that email communication between reviewer and requesting physician states that an Xray done showed C4-5, C5-6 severe collapse with bone on bone, large osteophytes anterior and posteriorly. As per UR, a request for C4-5 and C5-6 ACDF (Anterior Cervical Discectomy and Fusion) was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Post-Operative Cervical Brace: 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 did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Cervical Collar, Post Operative(Fusion)

Decision rationale: Review of records do not show any documentation of approval or scheduling for surgery. MTUS Chronic pain and ACOEM guidelines do not adequately deal with this topic. As per Official Disability Guidelines(ODG) do not recommend cervical collar since evidence does not show any improvement in fusion rate or clinical outcome. Since there is no evidence that cervical surgery is to be done and ODG does not recommend cervical collar for post-operative bracing, request for post-operative cervical brace is not medically necessary.