

<b>Case Number:</b>	CM14-0169542		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 and is licensed to practice in New York. 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 20-year-old female the date of injury of November 7, 2012. The patient has chronic neck pain. MRI the cervical spine from 2014 shows C4-5 disc protrusion. There is degenerative disc condition at C3-4 and C5-6. MRI of the shoulder shows no evidence of rotator cuff tear. The patient continues to have neck pain and numbness in the upper extremities. On physical examination the cervical spine has tenderness to palpation. Her right upper extremity strength is 4-5 motor strength in the triceps. Left upper extremity strength is 4-5 motor strength in the biceps, triceps and wrist extensors. Surgical decompression at C4-5 has been recommended. At issue is whether postoperative orthosis is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Postoperative Cervical Orthosis: 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), Neck & Upper Back (updated 08/04/14)

**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: ODG Neck Pain Chapter, MTUS Neck Pain Chapter

**Decision rationale:** This patient has been indicated for single level ACDF (Anterior Cervical Discectomy and Fusion) surgery. ODG guidelines do not recommend cervical orthosis for the single level ACDF surgery. Medical literature does not support the use of orthosis for the single level ACDF surgery. Cervical orthosis is not medically necessary.