

Case Number:	CM14-0170644		
Date Assigned:	10/23/2014	Date of Injury:	07/23/2009
Decision Date:	11/24/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a cane; and a 16% whole person impairment rating. In a Utilization Review Report dated October 9, 2014, the claims administrator denied a request for a cervical spine postoperative brace on the grounds that the associated request for a cervical spine surgery had also been denied. The claims administrator stated it was denying the request for cervical spine surgery on the grounds that the applicant had not had recent conservative treatment. The applicant's attorney subsequently appealed. In an August 22, 2014 appeal letter, the attending provider noted that the claims administrator had denied a request for a multilevel cervical decompression surgery. The claims administrator apparently informed the attending provider that a two-level fusion surgery would be preferable to the proposed three-level fusion. The requesting provider noted that his request had been endorsed by both a Workers' Compensation judge and a medical-legal evaluator. In an April 21, 2014 medical-legal report, it was noted that the applicant had been laid off shortly after the industrial injury and was apparently not working elsewhere. In a June 17, 2014 progress note, the applicant was apparently pending a cervical spine surgery. It was acknowledged that the applicant had last worked in September 2009. The applicant had issues with neck pain, mid back pain, bilateral arm paresthesias, low back pain, lower extremity paresthesias, depression, and anxiety. The applicant was on Vicodin, Soma, Motrin, an unspecified sleeping pill, an unspecified cholesterol pill, and unspecified medications in unspecified amounts of hypertension. The attending provider went on to re-request the proposed cervical fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative cervical spine brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, usage of a cervical collar/cervical brace is "not recommended" for more than one to two days. In this case, the request in question does imply that the attending provider is implying extensive, long-term usage of the cervical spine brace at issue. Such usage runs counter to ACOEM principles and parameters. The attending provider has failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on long-term usage of cervical braces/cervical collars. Therefore, the request of Post-operative cervical spine brace purchase is not medically necessary and appropriate.