

<b>Case Number:</b>	CM14-0171367		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/20/1993
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 65-year-old male with date of injury of 01/20/1993. The listed diagnoses per [REDACTED] from 09/26/2014 are: 1. L2-L3 and L3-L4 moderately severe stenosis. 2. L3-L4 grade 2 spondylolisthesis. 3. Neurogenic claudication. 4. Status post L4-L5 laminectomy and fusion. According to this report, the patient complains of neck pain radiating into his right shoulder and upper arm at a rate of 3/10 with medication and 4/10 to 5/10 without medication. He also complains of low back pain. The patient has pain and numbness in the right anterior thigh and pain in the left anterior and posterior thigh. The examination of the cervical spine shows postoperative scars over the right anterior neck. There is evidence of tenderness over the bilateral cervical paraspinal musculature, over the bilateral trapezius, bilateral interscapular space, base of the skull and base of the neck. Decreased sensation over the left C7, C8 and T1 dermatome distribution. Range of motion is significantly diminished. Radial pulses are palpable bilaterally. The patient walks with a wide stance gait using a wheeled walker to ambulate. He cannot heel to toe walk due to pain, weakness, and balance. There is decreased sensation over the right L4 dermatome distribution. Hyperesthesia was noted over the right S1 dermatome distribution. Range of motion in the lumbar spine is significantly diminished. Straight leg raise is negative. FABER's and Fortin's are positive bilaterally. The documents include an x-ray of the lumbar spine from 04/21/2014, an MRI of the cervical spine from 09/18/2014 and a cervical fusion and decompression operative report from 11/16/1994. The utilization review denied the request on 10/08/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative soft cervical collar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter on cervical collar postoperative (fusion)

**Decision rationale:** This patient presents with neck and low back pain. The provider is requesting a postoperative soft cervical collar. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines on cervical collar postoperative (fusion) state, "Not recommended after single level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single level anterior cervical fusion with plating. ...This RCT found there was no statistically significant difference in any of the clinical measures between the braced and the non-braced group. The 05/13/2014 report notes that the patient wears a cervical brace as needed. He reports frequent swelling and pain of each hand, left greater than the right with difficulty and pain when making a fist. Head movement is mildly decreased. Moderate right and left greater occipital nerve tenderness and moderate right and left paraspinous muscle tenderness was also noted. It appears that the provider is requesting authorization for C3-C4 discectomy and fusion with cage and instrumentation on 09/26//2014 and is requesting postoperative soft cervical collar in conjunction with surgery. There is no indication that the patient's cervical surgery was authorized or scheduled. In addition, ODG does not support the use of cervical collars after single level anterior cervical fusion. Therefore, this request is not medically necessary.

**Post-operative soft cervical collar:** Upheld

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

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