

Case Number:	CM14-0026208		
Date Assigned:	06/13/2014	Date of Injury:	04/28/2010
Decision Date:	07/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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, 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 patient is a 57 year old male who was injured on 04/28/2010. Mechanism of injury is unknown. Prior treatment history has included the following medications: Neurontin, Norco, MS Contin, and Ambien. The patient underwent cervical epidural steroid injection at C7-T1 on 09/12/2012 and on 08/21/2013 with significant improvement up to 80%. The patient also underwent spinal cord stimulator trial under fluoroscopy on 09/03/2013. The patient had ACDF at C4 to C7 in July of 2009 and posterior spinal fusion with instrumentation at C3 to C5 in July 2010. Diagnostic studies reviewed include x-ray of the cervical spine dated 01/07/2014 which revealed: 1) Cervical spine fusion from C3 to C7 with no acute change noted. No other significant malalignment. Progress report dated 01/13/2014 documented the patient with complaints of constant severe pain in his neck and mid thoracic spine. The pain radiates down both arms to his elbows. There is numbness and tingling in both of his hands. His arms feel weak. He sleeps poorly due to his pain. He experiences frequent headaches. There is numbness on the left side of his face. He indicates that his severe pain has resulted in emotional problems. Objective findings on exam include examination of cervical spine which revealed the patient is appearing uncomfortable. The range of motion of the cervical spine is mostly restricted in all planes and painful. Motor function of the upper extremities is intact. There is subjective decrease of light touch sensation in the entire left arm from the triceps to the dorsal forearm all the way to the hand. Diagnoses: 1. Severe bilateral carpal tunnel syndrome 2. Chronic active bilateral C6-C7 radiculopathy 3. Left ulnar entrapment neuropathy at the wrist Treatment Plan: Request authorization of removal of posterior spinal implants and exploration of spinal fusion combined with anterior revision cervical discectomy and fusion at C3-C4, removal of a three level plate and screws from C4 to C7 and revision anterior cervical discectomy and fusion at C3 and C4. Utilization report dated 01/28/2014 states the request for cervical Vista collar (Postop) was not

certified due to the surgical procedure requested was denied, hence the patient has no use for a postoperative collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL VISTA COLLAR (POST OPERATIVE): 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 and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Collars (cervical) & Cervical collar, post operative (fusion).

Decision rationale: As per ACOEM guidelines, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Per ODG, it is not recommended after single-level anterior cervical fusion with plate. In this case, the requested surgery was denied and hence the patient has no use for this device and it does not meet evidence based guidelines. This request is not medically necessary.