MAXIMUS Federal Services

Case Number:	CM14-0028156		
Date Assigned:	06/13/2014	Date of Injury:	08/12/2013
Decision Date:	07/21/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	03/05/2014

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 and 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 patient is a 53-year-old male with a date of injury of 08/12/2013. The listed diagnosis is C5-C6 disk herniation with severe spinal cord compression right greater than left with arm pain. According to progress report 01/21/2014, the patient presents with ongoing pain in the neck and intermittently the right arm. The pain was rated 8/10. MRI of the C-spine from 12/06/2013 revealed a large central C5-C6 disk herniation with some ossification of posterior longitudinal ligament which caused severe spinal cord pressure. The cord was narrowed down to about 4 to 5 mm at this level. The MRI also documented bilateral cervical radiculopathy. It was noted the patient has tried pain medication and physical therapy and was advised with epidural steroid injection in which the patient declined. Treating physician states considering the 4 to 5 mm compression of the cord and anterior cervical decompression, a fusion at C5-C6 is recommended. The request is for cervical collar. Utilization review denied the request on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL COLLAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG under neck & upper back states "cervical collar after single-level anterior cervical fusion with plate are not recommended. 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. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable.".

Decision rationale: The Official Disability Guidelines (ODG) under neck and upper back states "cervical collar after single-level anterior cervical fusion with plate are not recommended. 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. Plates limit motion between the graft and the vertebrae in anterior cervical fusion." In this case, it appears the treating physician is requesting a cervical collar for postoperative use for the recommended fusion for level C5-C6. ODG guidelines do not recommend cervical collars following single level cervical fusions. Therefore, the request for a cervical collar is not medically necessary and appropriate.