Case Number:	CM14-0033017		
Date Assigned:	04/23/2014	**Date of Injury:**	04/12/2013
Decision Date:	07/03/2014	**UR Denial Date:**	02/06/2014
Priority:	Standard	**Application Received:**	02/18/2014

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 Orthopaedic Surgery 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:

This 47-year-old male custodian sustained an industrial injury on 4/12/13 relative to a slip and fall. The 7/30/13 cervical spine MRI documented C4/5 and C5/6 disc herniations and stenosis. The patient is status post anterior discectomy and fusion at C4/5 and C5/6 on 12/4/13. The 1/10/14 treating physician report cited subjective complaints of constant neck pain radiating to the left upper extremity. Objective findings noted the incision was clean and dry with bilateral 5/5 upper extremity motor strength. X-rays documented cervical instrumentation in excellent position. The treatment plan recommended continued use of a cervical brace and prescribed Norco and anti-inflammatory creams. Rigid and soft cervical collars were recommended to stabilize the cervical spine, to keep the cervical spine in alignment, and to help relieve pain. The 2/6/14 utilization review denied the request for cervical collars as the patient was 2 months post-op with no muscle spasms or loss of function, and there was no documented concern about implant position. The 2/21/14 progress report indicated that the patient had grade 3-4/10 neck and upper extremity pain with associated spasms. Objective findings documented intact motor function and decreased sensation of the right index, middle, and ring fingers. The patient was to continue with activity modifications and required spinal precautions, such as wearing his collar. X-rays revealed instrumentation to be in good position at C4/5 and C5/6.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOFT CERVICAL COLLAR: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical, Cervical Collar, Post-Operative (Fusion), Back Brace, Post-Operative (Fusion).

Decision rationale: Under consideration is a request for a soft cervical collar. The California MTUS guidelines do not provide recommendations for post-operative cervical collars in chronic injuries. The Official Disability Guidelines do not recommend cervical collars after single-level anterior fusion with plate. Guidelines state that there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Given the reported multilevel cervical fusion and associated muscle spasms, use of a cervical collar would be reasonable for pain control and to preclude extremes of motion for construct protection. Therefore, this request for soft cervical collar is medically necessary.