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| Case Number: | CM14-0033019 | | |
| 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 Orthopedic 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 sustained an industrial injury on 4/12/13. Injuries were to the neck and lumbar spine. Diagnosis of cervical radiculopathy noted in the records. MRI cervical spine on 7/30/13 demonstrates disc herniations and stenosis C4/5 and C5/6. The claimant status post anterior cervical discectomy and fusion C4/5 and C5/6 on 12/4/13. An Exam note from 1/10/14 demonstrates report of constant neck pain with radiation to left upper extremity. Radiographs demonstrate instrumentation in excellent position.

IMR ISSUES, DECISIONS AND RATIONALES

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

HARD CERVICAL COLLAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines/Integrated Treatment Index, 18th Edition, 2013, Neck & 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) Neck, Cervical Collar, postoperative (fusion).

Decision rationale: CA MTUS/ ACOEM is silent on the issue of cervical collars postoperatively. According to the ODG criteria, cervical collar is not recommended anterior

cervical fusion with plate. In this case the two level anterior cervical discectomy and fusion does not meet ODG criteria and is not medically necessary and appropriate.