MAXIMUS Federal Services

Case Number:	CM14-0036205		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2006
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 43-year-old male who reported an injury on 09/26/2006. The mechanism of injury was not provided within the documentation. The injured worker's treatments were noted to be physical therapy, medications, and epidural steroid injections. His diagnoses were cervicalgia, radiculitis, and herniated nucleus pulposus. The injured worker was seen for a clinical evaluation on 01/15/2014. The injured worker complained of neck pain rated a 9/10 on a pain scale. He indicated the pain radiated into the bilateral trapezial region, indicating it was worse on the left. He also complained of weakness in both arms and hands as well as constant headaches throughout the day. The injured worker had an epidural steroid injection of the cervical spine in 08/2013, which failed to improve his neck pain. He had an MRI of the cervical spine dated 01/02/2014 and it showed C5-6 disc protrusion with significant foraminal stenosis. C4-5 and C6-7 levels showed only mild neural foraminal narrowing that was consistent with degenerative findings. The injured worker reported use of Naproxen, Norco, Pantoprazole, and Butalbital. The physical examination of the cervical spine was within normal limits. Palpation was without tenderness. Range of motion was full; however, there was pain with extension of the cervical spine. Neurological motor strength of the upper extremities was 5/5. Bilateral upper extremities had decreased sensation to lateral forearm and thumb. Deep tendon reflexes were 2+ bilaterally. The injured worker's Spurling's test was positive bilaterally. Additionally, Hoffmann's was negative, Babinski was negative, and clonus was negative. The treatment recommendation was for an anterior cervical discectomy and fusion at C5-6. In addition, the treatment plan included preoperative medical clearance, postoperative rehabilitation of 12 sessions, 3-in-1 commode, a soft collar brace, and a walker. The request for authorization for

medical treatment was not provided within the documentation. The provider's rationale for the request was provided within the documentation in a clinical evaluation dated 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Cervical Soft Collar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, 18th ed., 2013, chapter neck back brace, postoperative (fusion0.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Collars (Cervical).

Decision rationale: The request for Post-operative Cervical Soft Collar Brace is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine states 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 courses; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. The Official Disability Guidelines indicate no recommendation for cervical collars. The Guidelines continue to state that cervical collars may be appropriate where postoperative and fracture indications exist. Since functional range of motion is affected to a lesser degree than full, active cervical motion, any changes in collar height may not be as clinically relevant for patients such as those who have undergone operations for degenerative disease. In the clinical note requesting the cervical collar, it is not indicated that the injured worker has been cleared for surgery. Therefore, at this time the request for Post-operative Cervical Soft Collar Brace is not medically necessary.