

<b>Case Number:</b>	CM14-0039647		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/18/2003
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 case involves a 67 year old female who sustained an injury on 10/18/2003 when she was hit in the head by a door. The injured worker's diagnosis includes cervical spondylosis without myelopathy, cervical fusion, mechanical neck pain, and chronic opioid therapy. Her treatment has included surgical intervention (fusion), imaging studies, and medications. The physical exam findings, dated Sept 20, 2013 show her neurological exam with hyporeflexia to the upper extremities and normoreflexia to the lower extremities with two beats ankle clonus. In the knee, she was noted with decreased strength with flexion and dorsiflexion. There was also decreased sensation to the left upper and lower extremity. Her medications include, but are not limited to, Oxycodone. The current request is for two neck collars.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Aspen and Philly Collars:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back complaints. Neck Collar Brace Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG, Neck and Upper back, back brace, postoperative, Fusion.

**Decision rationale:** The MTUS Guidelines, the Official Disability Guidelines (ODG) and the clinical documents were reviewed in regards to the request for two neck collars. Based on the MTUS guidelines a brace is not recommended for more than 1 or 2 days and per the Official Disability Guidelines (ODG) a cervical collar is not recommended after a single level anterior cervical fusion with place. There is no information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion. According to the clinical documentation provided and current MTUS guidelines, the request for two neck collars is not medically necessary.