

<b>Case Number:</b>	CM14-0044501		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 and is licensed to practice in Nevada. 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 66-year-old gentleman was reportedly injured on July 29, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 12, 2014, indicates that there are ongoing complaints of cervical spine pain. There is a scheduled cervical fusion at C5/C6 on February 20, 2014. The physical examination demonstrated a healed incision from prior cervical spine surgery and mild tenderness along the bilateral paraspinal muscles and trapezius. There was significantly decreased cervical spine range of motion, and a negative Spurling's test. There was a positive Tinel's test over the ulnar and median nerve on the left side. There was also decreased sensation on the left C7 and C8 dermatomes. Ambien, Flexeril, and Senokot were prescribed. Supportive bracing was recommended due to cervical mobility and weak neck muscles. A request was made for an Aspen Vista cervical collar, Orthofix bone growth stimulator, and a soft cervical collar and was not certified in the pre-authorization process on March 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen Vista cervical collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Cervical collar, Updated May 30, 2014.

**Decision rationale:** According to the Official Disability Guidelines the use of a cervical collar in the postoperative setting is not recommended after a single level fusion. It has not been shown to improve the fusion rate or clinical outcome. This request for an Aspen Vista cervical collar is not medically necessary.

**Orthofix Bonegrowth Stimulator cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Complaints (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back (Acute & Chronic), Soft cervical collar, Updated May 30, 2014.

**Decision rationale:** According to the Official Disability Guidelines a bone growth stimulator is only recommended in the postoperative setting if there has been evidence of a previous spinal fusion, spondylolisthesis, fusion performed at more than one level, current smoking habit, diabetes, or significant osteoporosis. These conditions have not been identified in the injured worker. This request for an Orthofix bone growth stimulator is not medically necessary.

**Soft cervical collar L0210 L0174 E0748:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Soft cervical collar, Updated May 30, 2014.

**Decision rationale:** The use of a soft cervical collar is not recommended following acute cervical spine injury or after surgery. This request for a soft cervical collar is not medically necessary.