

<b>Case Number:</b>	CM14-0064620		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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:

The claimant is a 50-year-old, female who was injured in a work related accident on 01/14/09. The clinical records available for review include a Utilization Review report dated 04/30/14 authoring a one level anterior cervical discectomy and fusion at the C6-7 level. Also supported at that time was the request for preoperative medical clearance, 12 sessions of postoperative physical therapy, and a one day inpatient hospital stay. The medical records fail to document that the claimant has any underlying comorbidities or risk factors. This review is for a two to three day inpatient hospital stay and purchase of a Philadelphia collar and Aspen collar for postoperative use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2-3days inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: neck procedure; Fusion, anterior cervical; Hospital length of stay (LOS).Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique)Actual

data -- median 1 day; mean 2.2 days (0.1); discharges 161,761; charges (mean) \$50,653 Best practice target (no complications) -- 1 days.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a two to three day inpatient hospital stay would not be supported. The medical records reveal that the claimant is an otherwise healthy individual who is to undergo an anterior cervical discectomy and fusion at one level. Surgery for an anterior cervical discectomy and fusion is recommended to require a one day inpatient stay per Official Disability Guidelines. The medical records do not identify any reason why the claimant would be an exception to the standard guideline criteria and require a two to three day inpatient stay. Such as, 2-3 days inpatient stay is not medically necessary.

**Philadelphia Collar-purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official Disability Guidelines-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Cervical collar, post operative (fusion) Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the Nonbraced group over all time intervals, but those were not statistically significant. (Campbell, 2009) See also Back brace, post operative (fusion).

**Decision rationale:** The California ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend the purchase of a collar. The ACOEM Guidelines state that collars can be utilized for fracture and in severe cases; however, ACOEM does not specifically address their use in the postoperative setting. According to the Official Disability Guidelines, cervical collars after a one level; anterior cervical fusion are not recommended. Therefore, the request for purchase of a Philadelphia collar is not recommended as medically necessary.

**Aspen Collar Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Cervical collar, post operative (fusion) Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the Nonbraced group over all time intervals, but those were not statistically significant. (Campbell, 2009) See also Back brace, post operative (fusion).

**Decision rationale:** The California ACOEM Guidelines and supported by the Official disability Guidelines would currently not support the purchase of an Aspen collar. The ACOEM recommends that collars can be utilized for fracture and in severe cases; however, ACOEM does not specifically address their use in the postoperative setting. The Official Disability Guidelines do not recommend the use of cervical collars following a one level anterior cervical fusion. Therefore, the request for purchase of an Aspen collar is not recommended as medically necessary.