

Case Number:	CM14-0065874		
Date Assigned:	07/11/2014	Date of Injury:	06/15/1999
Decision Date:	10/01/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine, 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:

Patient is a 57 year-old female with date of injury 06/15/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/21/2013, lists subjective findings as neck pain. Objective findings: Examination of the cervical spine revealed no numbness, weakness, tingling, swelling, tenderness or warmth. Motor exam was 5/5 in the upper extremities bilaterally. Diagnosis: 1. Brachial neuritis 2. Prosthetic joint mechanical failure 3. Neck pain. The patient was to be scheduled for removal of hardware and revision of fusion at C4-5. A neck brace was ordered for the patient's postoperative course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck 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 in Workers' Compensation, 18th Edition, 2013 Updates, Neck Procedure

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, post-operative (fusion)

Decision rationale: 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. The patient will be undergoing a single level fusion. Therefore the request for a postoperative cervical collar is not medically necessary.