

Case Number:	CM14-0074501		
Date Assigned:	07/16/2014	Date of Injury:	06/15/1999
Decision Date:	12/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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:

This 58-year-old female sustained an industrial injury on 6/15/1999. Injury occurred relative to a motor vehicle accident. Past surgical history was positive for multiple cervical surgeries including: C4/5 fusion with instrumentation posterior C3/4 and C4/5 foraminotomy; posterior C5/6 fusion due to pseudoarthrosis of the anterior surgery at that level; and revision anterior surgery with removal of C4/5 prosthesis (10/12/13). The patient had been prescribed a bone growth stimulator but was not using it per the 2/3/14 progress report. She was advised to resume use. The 2/27/14 cervical spine x-ray findings noted there was an interbody fusion cage at C4/5 with anterior plate and screw fixation. There was no appreciable osseous bridging. The 4/10/14 cervical spine x-rays impression documented stable appearance of degenerative and post-surgical changes of the cervical spine. Findings documented the anterior fusion hardware and interbody graft at C4/5 appeared grossly stable. The 4/14/14 treating physician progress report cited neck and arm pain. The patient had completed 4 out of 12 additional physical therapy sessions. She was working full duty without restriction. Cervical spine exam documented normal alignment, no gross muscle atrophy, bilateral paracervical and trapezius tenderness, and pain with motion. Neurologic exam documented 5/5 motor strength and normal upper extremity sensation. Spurling's test was positive bilaterally. Cervical x-rays were reviewed and revealed a persistent pseudoarthrosis at the C4 graft interface. The treatment plan recommended a posterior cervical fusion with instrumentation. The 5/13/14 utilization review denied the request for cervical spine surgery and associated neck brace as a 2nd opinion was felt to be mandatory for this patient given the history of multiple surgeries. Agreement with this decision was documented by the treating physician in the peer-to-peer discussion. There was no evidence that this second opinion had been obtained or that surgery had been approved.

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 cite any medical evidence for its decision.

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, Cervical collar, post-operative (fusion)

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. However, the request for the requested posterior cervical fusion has not been approved pending a second opinion consult as agreed to by the treating physician. As the surgical request is not currently supported, this request is not medically necessary.