

Case Number:	CM14-0082299		
Date Assigned:	07/21/2014	Date of Injury:	01/10/2012
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 40 year old female with a work injury dated 1/10/12. The diagnoses include cervical spinal stenosis with radiculopathy. Under consideration is a request for a cervical collar. Per documentation the patient sustained an injury on 1/10/12 when another vehicle hit the patient's mini bus. The patient had a minimal invasive anterior cervical discectomy at C5-6 on 5/13/09. The patient had been treated with physical therapy, neck bracing, chiropractic care, acupuncture, medications, injections, pain management, activity modification, cervical epidural steroid injections, and facet injections on 5/16/12 and 2/20/13, which provided good pain relief for a week or two. The patient was taking Norco as needed. The patient tried to return to work on 1/15/14 but was unable to tolerate it because of the severity of the symptoms. There is a primary treating physician (PR-2) document dated 5/1/14 that states that The patient has exhausted all other options for the last two years including, but not limited to, physical therapy, medications, modification of activities, several facet injections, which unfortunately were not very effective and an epidural injection, which was effective temporarily. She continues to deteriorate and she has not been able to return back to work. On examination the cervical spine pain to palpation over C5-6, C4-5. Palpable spasms are noted. There is decreased range of motion in the neck. The sensation is diminished in the left upper extremity C6 distribution. Motor strength is 4/5 in the left brachioradialis and bilateral deltoid. Otherwise the strength is 5/5 proximally and distally. There is an absent brachioradialis bilaterally, biceps are absent bilaterally. Triceps are 1+ bilaterally. The Spurling's Test is positive. Hoffman reflex is negative statically. It is negative dynamically as well. A 2/26/14 cervical MRI was reviewed and the provider documents that there is evidence of severe recurrent extrusion at C5-6 causing left-sided and left paracentral impingement of the spinal cord quite severe to the critical stenosis level. The provider is re-

requesting authorization for C4-5, C5-6 cervical disc replacement with neuromonitoring. The document states that she would need a cervical brace because it is a two-level surgery but for a single level no bracing is indicated. There is a 5/1/13 request for the second time for authorization of an anterior C4-5 and C5-6 disc replacement. There was also a request for a cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical collar 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-Neck & Upper Back.

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-Collars (cervical).

Decision rationale: A cervical collar is not medically necessary per the ODG guidelines. The MTUS guidelines do not address this issue. The ODG states that cervical collars are not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. The guidelines state that collars may be appropriate where post-operative and fracture indications exist. The documentation indicates that the patient's surgery was not deemed medically necessary therefore the collar is not medically necessary. There is no indication the patient has an acute neck sprain or whiplash. The request for a cervical collar is not medically necessary.