

Case Number:	CM14-0098582		
Date Assigned:	07/28/2014	Date of Injury:	06/20/2005
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Texas. 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 53-year-old male who reported an injury on 06/20/2005 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his neck, right shoulder, right upper extremity, gastrointestinal system, left shoulder, and suffered emotional distress. The injured worker was evaluated on 05/01/2014. Physical findings included decreased range of motion of the cervical spine secondary to pain with tenderness to palpation at the cervicothoracic junction with a positive Spurling's sign bilaterally. The injured worker's diagnoses included cervical disc degeneration, cervical spinal stenosis, and pseudoarthrosis. A request was made for surgical intervention for exploration of prior C6-7 fusion surgery and re-instrumentation. It was also noted that a previous request for a cervical arthrosis and external bone stimulator was not authorized. However, no justification for authorization was made for this request. The injured worker was again evaluated on 06/19/2014. It was noted that the injured worker had continued neck pain, mid back pain, arm pain, headache, and facial pain. The injured worker's physical findings remained unchanged from the previous exam. It was noted that the injured worker's surgery was authorized. A request for a new cervical Orthosis was made; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

New cervical orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Cervical collar, post operative (fusion).

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 Chapter, Cervical collar, post operative (fusion).

Decision rationale: The requested new cervical Orthosis is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been authorized for revision surgery of a non-healing fusion at the C6-7. The California Medical Treatment Utilization Schedule does not address postsurgical immobilization of the cervical spine. The Official Disability Guidelines do not recommend a postoperative cervical collar after a single level fusion. The clinical documentation submitted for review does not provide any exceptional factors to support extended treatment beyond guideline recommendations. Therefore, the requested new cervical Orthosis is not medically necessary or appropriate.