MAXIMUS Federal Services

Case Number:	CM14-0183206		
Date Assigned:	11/12/2014	Date of Injury:	08/26/2014
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 injured worker is a 59-year-old female with a reported date of injury 08/26/2014. The mechanism of injury was not included. Her diagnoses include cervical stenosis, cervical radiculopathy, and multilevel cervical spondylosis. Her past treatments include medication. Diagnostic studies included an MRI of the cervical spine on 10/16/2014 which showed multilevel spondylosis with disc space narrowing at C5-6 and C6-7. An MRI of the cervical spine dated 09/22/2014 demonstrated cervical spondylosis resulting in a spinal and neural foraminal narrowing at C3-4 through C6-7, and it appeared worse at C5-6 and C4-5. On 11/18/2014, the injured worker presented with neck pain which radiated down to the bilateral upper extremities, worse on the right side than on the left. The physical examination findings were moderate tenderness to palpation in the trapezial muscle with no muscle spasm, and no appreciable masses or deformity. The cervical spine range of motion demonstrated flexion to the chest, extension to 30 degrees and right and left rotation to 45 degrees and Spurling's test was negative on the left, positive on the right, and Hoffman's test is positive bilaterally. There is 4/5 strength in the right biceps and right interossei, and otherwise 5/5 strength in the bilateral deltoids, left biceps, triceps, wrist flexors, wrist extensors, and left interossei. Sensation was intact to light touch in the C5-T1 and L1-S1 dermatomes bilaterally. Reflexes were 3+ and symmetric in the bilateral biceps, triceps, quadriceps, and Achilles tendons, and Hoffman's test was positive bilaterally. The treatment plan was recommended surgical intervention with decompression and fusion, which has been denied, and while this is under appeal, he is recommending a cervical epidural steroid injection and physical therapy to help with her severe pain. The request was for Aspen collar, cervical spine (post-operative) and the rationale was for postoperative use. Her current medications are amlodipine, hydrochlorothiazide, and losartan. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen collar, cervical spine (post-operative): 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 & 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 (acute & Chronic)/ Cervical collar, post operative (fusion)

Decision rationale: The injured worker had complaints of neck pain radiating down the bilateral upper extremities. The Official Disability Guidelines note cervical collar is 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. There is no indication that the surgery after which the collar would be used has been approved and is scheduled in the near future. Additionally, the guidelines note cervical spine collars do not appear to improve the fusion rate or clinical outcomes. Therefore, the request for the Aspen collar, cervical spine is not medically necessary.