

<b>Case Number:</b>	CM14-0195407		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Minnesota. 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 is a 62 year old female worker with a date of injury of August 15, 2011. Mechanism of injury was from a slip and fall, striking the shoulder against the wall and bathroom door. Diagnoses include C5-C6 radiculopathy, L5-S1 radiculopathy and left rotator cuff tear. In physician's progress report dated April 2, 2014, notes stated she was in a great deal of pain in her back as well as her neck. Examination revealed decreased cervical extension and tenderness over the epaulettes. She had good shoulder range of motion with some pain. On July 14, 2014, an MRI of the cervical spine showed moderate C4-5, C5-6 and C6-7 disc degeneration and bulging, mild to moderate bilateral foraminal narrowing was present, C3-4 moderate left and mild right facet arthropathy and slight midcervical kyphosis. An MRI of the lumbar spine showed L5-S1 marked left foraminal narrowing due to asymmetric left-sided disc degeneration with 2 mm bulge and facet arthropathy, L4-5 asymmetric right-sided disc degeneration with 3 mm right posterolateral bulge and facet arthropathy as well as left lateral retrolisthesis causing mild to moderate bilateral foraminal stenosis, T12-L1, L1-2, L2-3 and L3-4 mild disc degeneration and bulging without significant stenosis and moderate mid lumbar levoscoliosis. A request was made for inpatient hospital stay one day following a C5-7 anterior discectomy and instrumented fusion, assistant surgeon, DME-vista collar and bone growth stimulator and outpatient post-operative physical therapy two times a week for six weeks for the cervical spine. On November 3, 2014, utilization review denied the DME-vista collar and modified the request to a standard cervical collar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME (durable medical equipment) Vista collar:** 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-TWC) Upper Back & Neck Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck and Upper Back, Topic: Back Brace, Postoperative (Fusion); Cervical Collar, Postoperative (Fusion).

**Decision rationale:** California MTUS guidelines do not address use of cervical collars after anterior cervical discectomy and fusion. ODG guidelines do not recommend use of a cervical collar in the postoperative period after a 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. However, the planned cervical fusion is a two-level procedure and as such the use of a collar would be appropriate. The guidelines do not specify the type of collar or brace. The initial request was for a vista adjustable collar. This was modified by utilization review to a standard cervical collar. The guidelines indicate that there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances in which some external immobilization might be desirable. The use of a standard cervical collar is supported by guidelines and as such, the request for a vista collar is not specifically indicated and its medical necessity is not established.