

Case Number:	CM14-0197914		
Date Assigned:	12/08/2014	Date of Injury:	09/17/2010
Decision Date:	01/30/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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:

57 year old female claimant with an industrial injury dated 09/17/10. Conservative treatments include physical therapy, chiropractic treatment, and light duty. The patient is status post a C5-7 removal of anterior cervical hardware, C5-7 inspection of fusion, C5-7 regrafting of the screw holes, C5-7 extensive excision and removal of scar tissue, intraoperative use of fluoroscopy for localization and implant removal, intraoperative spinal cord monitoring, use of demineralized bone matrix, layered wound closure of cervical spine, injection of local anesthetic to the cervical spine, and a rigid cervical orthosis as of 07/13/13. The patient is also status post a C4-7 hybrid reconstruction and posterior lumbar interbody fusion, along with an intramuscular injection of Depo Medrol with Marcaine and Vitamin B12 complex mixed with Marcaine as of 01/13/14. Exam note 07/14/14 states the patient returns with cervical spine pain. The patient explains that the pain is increased with repetitive motions of the neck, pushing, pulling, lifting, and working above the shoulder level. The patient also complains of low back pain, and right wrist/elbow pain. The patient rates the pain a 5-6/10. Upon physical exam there was evidence of tenderness surrounding the left side into the left upper extremity. The patient demonstrated a positive cervical compression test and Spurling maneuver test. Range of motion was noted as limited. There was a radicular pain pattern of sensation and strength in the medial forearm and hand with the greatest in the middle, ring, and small fingers, and consistent with a C7-8 distribution. Diagnosis is noted as cervicalgia. Treatment includes C4-5 inspection of total disc and removal, with anterior cervical discectomy and fusion at C4-5, along with an inspection of fusion mass from C5-7 with possible repair of pseudoarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minerva mini collar, purchase and Minami J collar with thoracic extension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/2014) ; Collars (cervical)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, cervical collars.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post-operative (fusion), "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. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all-time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the non-braced group over all time intervals, but those were not statistically significant." As the guidelines do not support bracing postoperatively therefore the request is not medically necessary.