

<b>Case Number:</b>	CM14-0198332		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 New York. 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 56-year-old with a date of injury of May 10, 2011. The patient has chronic neck pain. Patient also has left C. pain. Previous treatments include NSAID medication and physical therapy and chiropractic care. Patient has cervical epidural steroid injection 2012 and 2014. On physical examination the patient is reduced range of cervical motion. The patient has normal muscle strength in all upper extremity motor groups. The patient has normal shoulder motion. Grip strength is normal. The patient takes narcotics for pain medication. The patient is diagnosed with cervical disc displacement and degeneration and cervical radiculitis. The patient has been indicated for cervical surgery. At issue is whether associated modalities with the surgery medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical collar: Minerva Mini Collar #1 and Miami J collar with thoracic extension #1 purchase:** 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 08/04/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter

**Decision rationale:** ODG guidelines do not recommend the use of cervical collar was after cervical fusion surgery. Medical literature does not show improvement outcomes a cervical collar for cervical fusion surgery. Cervical collar is not medically necessary for degenerative cervical condition. Cervical collar is not medically necessary in this condition.

**Inpatient Hospital stay x 2-3 days:** 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 08/04/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter page 186, ODG neck pain chapter

**Decision rationale:** The medical records do not demonstrate clear correlation between MRI imaging studies and physical exam showing specific radiculopathy or myelopathy. There is no evidence of cervical instability. There is no evidence of recent trial and failure of conservative measures for neck pain. A recent trial and failure physical therapy is not documented. Additional conservative measures as needed. There is no documentation of clear neurologic deficit. Cervical surgery is not medically needed. Guidelines for cervical surgery not met.