

<b>Case Number:</b>	CM15-0007911		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 47 year old female, who sustained an industrial injury on February 4, 2013. She has reported neck and shoulder pain. The diagnoses have included cervical stenosis with annular tear, left upper extremity radiculopathy and multi-level cervical disc desiccation and bulging. Treatment to date has included left shoulder arthroscopy with subcromial decompression and Mumford procedure and rotator cuff repair. Currently, the IW complains of continued neck and left shoulder pain. Treatment includes X-rays, magnetic resonance imaging (MRI), physical therapy, epidural steroid injection, and oral medications. Exam note from 12/10/14 demonstrates complaints of neck pain radiating to the arms with pins and needles noted. Examination demonstrates limited motion in all planes with spasm with range of motion. Decreased sensation is noted in the C5 dermatome bilaterally. On December 26, 2014 utilization review modified a request for associated surgical service: Inpatient hospital stay x 2 days and non-certified a request for associated surgical service: soft collar. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Soft collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, page 175 states that cervical collars have not been shown to have any lasting benefit except for comfort in first few days of clinical course in severe cases. It states that Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, pre-injury activities. In this case the exam notes from 12/10/14 do not demonstrate an acute neck sprain or strain. Therefore determination is for non-certification.

**Associated surgical service: Inpatient hospital stay x 2 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Hospital Length of stay

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As a request is for 2 days the determination is for non-certification has not medically necessary and appropriate.