

<b>Case Number:</b>	CM15-0137051		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 53 year old female, who sustained an industrial injury on 03-14-2014 secondary to slipping on the floor and hitting her low back pain neck. On provider visit dated 06-17-2015 the injured worker has reported neck pain and low back pain. On examination of the head and neck revealed a positive Spurling test at the base of the neck. Paraspinal muscle tenderness was noted in cervical and thoracic area. Right trapezius tenderness was noted as well. Strength was noted to be decreased in the right upper extremity. The diagnoses have included cervical stenosis and cervical radiculopathy. Treatment to date has included physical therapy, chiropractor, acupuncture and cervical epidural injections. The injured worker was noted to be approved for neck surgery. The provider requested Aspen cervical collar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aspen cervical collar:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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/Cervical Collar post fusion.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines do not support the use of a post operative collar if the fusion is single level with plating. The Guidelines state that outcomes are not improved with the collar, but they are not worsened also. The records sent for review do not provide details regarding the specific surgery level(s) or type (plating?) requested. There is mention of surgery being authorized and it appears to involve a single level, but this is not confirmed in the records and the records do not confirm if plating will be utilized. Given the fact that the brace does not worsen outcomes and the uncertainty of the actual procedure details it is reasonable to assume that the brace is in this individual's best interest. At this point in time, with the medical information available to review the Aspen cervical brace is consistent with Guidelines and is medically necessary.