

<b>Case Number:</b>	CM15-0200841		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 30 year old female, who sustained an industrial injury on 6-28-14. The injured worker was diagnosed as having cervical disc protrusion, cord compression and thoracic strain. Subjective findings (5-5-15, 8-28-15) indicated 2-4 out of 10 pain with medications and 7 out of 10 pain without medications. The injured worker reported a burning pain in the posterior skull, palms of her hands and both feet. Objective findings (5-5-15, 8-28-15) revealed normal cervical range of motion and a negative Spurling's maneuver. As of the PR2 dated 9-25-15, the injured worker reports pain in the neck, posterior head, lower back and into the buttocks, pain in the hands and in the bilateral legs. She rates her pain with medications 2-4 out of 10 and 7 out of 10 without medications. Objective findings include full cervical range of motion and intact sensory in the bilateral upper and lower extremities. The treating physician recommended a C4-C5 anterior cervical discectomy with interbody fusion. Treatment to date has included a cervical MRI (date of service not provided) showing a 3mm C4-C5 disc protrusion with compression of the spinal canal and Fioricet. The Utilization Review dated 10-8-15, non-certified the request for purchase of a hard cervical collar and modified the request for an inpatient stay 2 days to an inpatient stay 1 day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient Stay 2 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman, 19th edition, S-320 (ISC) Cervical Anterior Fusion.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTU, ACOEM, and ODG guidelines files to address this topic. This patient has been requested to receive an inpatient stay for a C4/C5 anterior cervical discectomy with interbody fusion. Per the 19th edition of Milliman, the goal length of stay for this procedure is ambulatory or 1 day inpatient. The requested 2 day length of stay is not consistent with current guidelines for post-op care. Therefore, based on the submitted medical documentation, the request for 2 day length of stay is not medically necessary.

**Durable Medical Equipment Purchase of hard Cervical 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Cervical collar, post operative (fusion).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request. The California MTUS and ACOEM do not address this topic. Per ODG, cervical collars are: 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. This patient is having a single level disc fusion and discectomy. Per ODG guidelines, a cervical collar is not recommended. Therefore, based on the submitted medical documentation, the request for a hard cervical collar is not medically necessary.