

Case Number:	CM15-0209074		
Date Assigned:	10/28/2015	Date of Injury:	08/30/2012
Decision Date:	12/16/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/23/2015

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: Minnesota, Florida
 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 52 year old male, who sustained an industrial injury on 8-30-2012. The injured worker is undergoing treatment for adhesive capsulitis, cervical degenerative disc disease (DDD) and cervical spondylosis. Medical records dated 8-31-2015 and 9-8-2015 indicate the injured worker complains of neck pain radiating to the left upper extremity with numbness and tingling. Pain is rated 9-10 out of 10 without medication and 7-8 out of 10 with medication. Physical exam dated 9-8-2015 notes positive Spurling's on the left, decreased sensation of C6 and painful cervical range of motion (ROM). Treatment to date has included electromyogram, medication, physical therapy, surgery, magnetic resonance imaging (MRI) and activity modification. The original utilization review dated 9-17-2015 indicates the request for anterior cervical discectomy and fusion, C5-C6, with allograft, auto graft bone, neuromonitoring, instrumentation, associated surgical services, preoperative labs and preoperative diagnostic studies is certified and brace vista collar is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace Vista 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: Neck & Upper Back - Cervical collar, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Neck and upper back, Topic: Cervical collar, post-operative, (fusion).

Decision rationale: ODG guidelines do not recommend cervical collars postoperatively 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. As such, the request for a Vista cervical collar/brace is not supported and the request is not medically necessary.