

Case Number:	CM15-0215422		
Date Assigned:	11/05/2015	Date of Injury:	06/10/2015
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: Illinois, California, Texas
 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:

This injured worker is a 59-year-old male who sustained an industrial injury on 6/10/15. The mechanism of injury was not documented. Past medical history was negative for serious medical illnesses. Past surgical history was negative. Social history was negative for smoking. The 9/9/15 orthopedic consult report cited frequent moderate right sided neck pain with associated right-sided numbness and weakness. The injured worker was not currently working. Physical exam documented positive Spurling's test, decreased cervical range of motion, and decreased sensation on the right at C5 and C6. There was 4/5 biceps, wrist extension, and intrinsic weakness. There were diminished right biceps and absent right brachioradialis reflexes. Recommendation was to proceed with anterior cervical discectomy and fusion at C5-6. Imaging showed evidence of moderate to severe stenosis at the C5/6 level, severe right uncovertebral joint disease, and severe right foraminal stenosis with narrowing. Authorization was requested for C5/6 anterior cervical discectomy and fusion, inpatient 23 hour stay, pre-operative clearance, bone growth stimulator, and cervical collar. The 10/28/15 utilization review certified the request for C5/6 anterior cervical discectomy and fusion, inpatient 23-hour stay, pre-operative clearance, and 3-month rental of a bone growth stimulator. The request for a cervical collar purchase was non-certified, as cervical collars are not recommended for a single-level fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cervical collar, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical collar, post operative (Fusion).

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-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars are not recommended after a single-level anterior cervical fusion with plate. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Guideline criteria have not been met. This injured worker has been certified for a single level anterior cervical discectomy and fusion. There is no compelling rationale to support the medical necessity of a post-op cervical collar in this situation and as an exception to guidelines. Therefore, this request is not medically necessary.