

<b>Case Number:</b>	CM15-0053325		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/16/2003
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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:

The injured worker is a 66-year-old female who sustained an industrial injury on 12/16/03. The mechanism of injury was not documented. The 3/3/15 cervical MRI documented a 5-6 mm diffuse disc osteophyte complex at C5/6 effacing the ventral aspect of the spinal cord and causing severe central canal stenosis. There was an associated 2x3 mm focus of cervical myelomalacia just distal to the disc level, posterior to the C6 vertebral body. There was severe bilateral neuroforaminal encroachment due to uncovertebral joint hypertrophy at this level. At C6/7, there was a 3 mm diffuse disc osteophyte complex causing mild central canal stenosis, and mild to moderate bilateral neuroforaminal encroachment due to uncovertebral joint hypertrophy. Records indicated that the patient had cervical and bilateral upper extremity pain which had not responded to conservative treatment. Physical exam documented a positive Hoffman's sign, biceps and triceps weakness, and decreased C5 and C6 sensation. There was dysdiadochokinesia of the lower extremities. Authorization was requested for anterior and posterior C5-C7 fusion, bone growth stimulator, cervical shower collar, cervical hard collar, cervical soft collar, transportation to surgery, and follow-up appointment with the spinal surgeon. Records indicated that the surgical request had been certified. The 3/19/15 utilization review non-certified the requests for a cervical shower collar and cervical soft collar as the 2-level fusion warranted a cervical hard collar but the medical necessity of additional collars was not supported and a rationale was not provided. The request for transportation to the treatment facility was non-certified as there was no documentation that the injured worker would be unable to utilize standard private or public transportation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Shower Collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, table 8-5. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Procedure Summary.

**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 may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. The 3/19/15 utilization review certified a request for a hard cervical collar. There is no compelling rationale provided to support the medical necessity of an additional cervical collar. Therefore, this request is not medically necessary.

**Cervical Soft Collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, table 8-5. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. The 3/19/15 utilization review certified a request for a hard cervical collar. There is no compelling rationale provided to support the medical necessity of an additional cervical collar. Therefore, this request is not medically necessary.

**Transportation to surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services - California ([www.dhcs.ca.gov/services/medi-cal](http://www.dhcs.ca.gov/services/medi-cal)) - Criteria for Medical Transportation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation (to & from appointments).

**Decision rationale:** The California MTUS does not specifically address the medical necessity of transportation. Guidelines state that nonmedical issues should be managed by the provider. These issues can be handled in the same way as a regular medical specialist referral, using a network of resources when non-medical issues are involved. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. There is no documentation in the file to support the medical necessity of this request. There is no documentation that the patient has a disability preventing self-transport, using public transportation, or securing a ride to surgery. Therefore, this request is not medically necessary.