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| Case Number: | CM15-0053664 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 03/31/2009 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 3/31/2009. His diagnoses, and/or impressions, include cervical discopathy; status-post lumbosacral fusion with hardware; followed by removal of hardware surgery; and bilateral hip bursitis. Current magnetic resonance imaging studies of the lumbar and cervical spine are noted on 11/17/2014. His treatments have included electromyogram and nerve conduction studies of the bilateral upper and lower extremities (9/29/14); magnetic resonance imaging of the lumbar and cervical spine; noting nerve damage to the cervical spine that requires surgery; and medication management. The qualified medical evaluation notes of 2/10/2015, show complaints of constant, moderate-severe pain to the cervical spine, with stiffness, tightness, popping, cracking, stabbing and burning sensations, and radiating cramping sensations that shoot through the elbows, to the bilateral hands. As well as complaints of constant, moderate-severe pain to the lumbar spine, left > right, with stiffness, tightness, popping, cracking, stabbing and burning sensations, with spasms, radiating symptoms to the lower extremities, left > right, with weakness and giving way. The injured worker denied the use of any lumbar support brace. Also noted was increased radiating pain to the head that cause headaches. The physician's requested treatments on the undated request for authorization form, for the stated 3/6/2015 Utilization Review decision, included the purchase of a post-operative Miami J collar with thoracic extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Miami J Collar with Thoracic Extension: 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), 20th Edition, 2015 Updates: Neck Procedure, neck brace, 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.

Decision rationale: As per the MTUS guidelines, "cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual 'preinjury' activities." As per ODG guidelines, cervical collar is recommended for multi-level anterior cervical discectomy and fusion which the patient is recommended to have. However, the patient has not been authorized to undergo this surgery as per current records. Therefore, this request is considered not medically necessary at this time. If the patient was authorized for ACDF surgery, the request would have been considered medically necessary.