

<b>Case Number:</b>	CM14-0117912		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old male who reported an injury on 02/13/2012. The mechanism of injury was not provided. On 06/05/2014, the injured worker presented with increased neck pain with guarding noted. Upon examination, the neural exam was intact, with 1+ deep tendon reflexes noted in the bilateral upper extremities. Much of this note is handwritten and largely illegible. His diagnosis was bilaterally cervical radiculopathy. Other therapies were not provided. The provider recommended a Philadelphia collar and Aspen collar, and a 1 to 2 day hospital inpatient stay. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Philadelphia Collar and Aspen Collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request for a Philadelphia collar and Aspen collar is not medically necessary. The CA MTUS/ACOEM Guidelines state that brief immobilization of the cervical

spine, if severe, is recommended. There was no rationale provided for the need of a Philadelphia collar or Aspen collar. There is a lack of objective functional deficits upon physical examination. Additionally, the site at which the collar was indicated for was not provided in the request as submitted. The severity of the patient's symptoms were not documented to support the need for a collar. As such, medical necessity has not been established.

**1 To 2 Days Hospital Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Upper Back and Neck Procedure Summary updated 04/14/2014 ODG Hospital length of stay (LOS) Guidance

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hospital Stay

**Decision rationale:** The request for a 1 to 2 hospital inpatient stay is not medically necessary. The Official Disability Guidelines state that a median length of stay, based on the type of surgery, is recommended. There is no information provided in the submitted documents to warrant a hospital inpatient stay. The medical necessity for a 1 day hospital stay would be established, with a concurrent approval of the anterior cervical discectomy and fusion. However, there is no information on if and when the surgery took place. As such, medical necessity has not been established.