

Case Number:	CM14-0136129		
Date Assigned:	09/05/2014	Date of Injury:	04/09/2003
Decision Date:	10/09/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Texas. 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 69 year-old male who reported an injury on 04/09/2003. The mechanism of injury was reportedly due to repetitive use. The diagnoses included cervical pain and cervical intervertebral disc disorder. Past treatments included conservative care and pain medications. Diagnostic studies included x-rays of the cervical spine and a Computerized tomography scan of the cervical spine. The injured worker underwent an anterior cervical discectomy and fusion in 2010. It was noted on 06/30/2014 that the injured worker reported severe pain on both sides of his neck radiating down to the arms and hands with burning, numbness and tingling. The physical examination findings revealed a positive Spurling's sign on the right side for arm pain, 5/5 strength throughout his upper extremity except 4+ in his right wrist flexor, and a negative Hoffman's sign bilaterally. The injured worker was taking pain medications but the medical record did not provide specifics. The treatment plan was for a future posterior cervical foraminotomy bilaterally at C5-6, and C6-7, and for the purchase of a post-operative cervical collar for the management of symptoms related to cervical spine surgery. The request for authorization form was submitted and signed on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative purchase of cervical collar for the management of symptoms related to cervical spine injury: 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), Neck & Upper Back (updated 12/16/2013)

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, Back Brace Post-Operative (fusion)

Decision rationale: The request for the purchase of a cervical collar for the management of symptoms related to cervical spine surgery is not medically necessary. The Official Disability Guidelines (ODG) state that a cervical collar after single-level anterior cervical fusion with plate is not recommended. 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. The injured worker has a history of severe pain on both sides of his neck radiating down to the arms and hands with burning, numbness and tingling. The injured worker has been treated with conservative care and pain medications. The injured worker underwent an anterior cervical discectomy and fusion at C5-6 and C6-7. The guideline above clearly does not recommend the use of a cervical collar post-operatively for a single-level anterior cervical fusion with a plate. Given that the injured worker underwent a cervical discectomy and fusion at a single layer the request is not supported by the guideline. As such, the request is not medically necessary.