

Case Number:	CM14-0144213		
Date Assigned:	09/12/2014	Date of Injury:	11/29/2010
Decision Date:	10/28/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine 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 42 year old female whose date of injury is 11/29/2010. The mechanism of injury is described as repetitive trauma while working as a stocker. The injured worker underwent C6 to C7 anterior discectomy and bilateral foraminotomy with arthrodesis on 10/17/07 followed by removal of hardware and a C5 to C6 anterior discectomy and interbody fusion on 12/02/10. Treatment to date also includes medication management, epidural steroid injection and cortisone injection. The injured worker was recently recommended to undergo left C5 to C6 foraminotomy and decompression as well as eighteen sessions of physical therapy and cervical collar. Diagnosis is brachial neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Cervical spine Collar: 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) Treatment Index, 12th Edition (web), 2014, Neck and Upper Back, 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 Chapter, Cervical collar, post operative (fusion)

Decision rationale: Based on the clinical information provided, the injured worker has been recommended for a cervical collar following surgical intervention consisting of foraminotomy and decompression at one level. The Official Disability Guidelines do not support cervical collar after single level anterior cervical fusion with plate, and this injured worker did not even undergo fusion, but a decompression at one level. Therefore, Post-operative Cervical spine Collar is not medically necessary and appropriate in accordance with the Official Disability Guidelines.