

<b>Case Number:</b>	CM14-0149813		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/20/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational 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:

According to the provided documents this patient is a 47-year-old man injured on 7/20/06 with a mechanism of cumulative trauma. The documents indicate he has undergone anterior cervical discectomy and fusion C6-7. There is reportedly a procedure on 7/3/14 of the right selective nerve root injection C6 for diagnostic purposes. There was a 9/8/14 cervical spine with flexion and extension view radiographs that show anterior fusion C6-7, trace retrolisthesis C5-6, and degenerative disc disease. There was no abnormal motion with flexion and extension. There is a 7/1/14 Initial pain management evaluation that requests the cervical epidural. There is no mention in the report of any concern for instability in the neck, either from incomplete fusion or secondary to problems at adjacent segments. The utilization review determination that did not certify this request indicated that the patient had been seen on 8/1/14. The review is also status post right shoulder surgery and the patient had recently started PT for that. He reportedly only had a day and a half of relief from the neck pain after the selective nerve root block. He reported 40% relief with the injection. There was a 9/15/14 letter from the spine specialist indicating that the patient would need to be placed on modified duty and that mentions the patient has cervical disc radiation that still needs to be treated surgically. There was a 9/9/14 handwritten form entitled "Male Physical" that looks like it is a preoperative history and physical. It is poorly legible and this reviewer can find no mention of the cervical collar being used or requested. There appears to have been a plan to proceed with anterior cervical discectomy and fusion due to adjacent level stenosis at C5-6 in the neck compressing the exiting C6 nerve root.

### IMR ISSUES, DECISIONS AND RATIONALES

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

■■■■■ **CERVICAL COLLAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 175, 301.

**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, postoperative (fusion)

**Decision rationale:** The documents indicate that there are plans for an additional level of cervical fusion. Most likely the cervical collar is being requested for postoperative use. Unfortunately, the documentation provided for this review does not specifically indicate that, but it is the only logical conclusion this reviewer can draw based upon the evidence. Therefore, MTUS chronic pain guidelines would not apply. ACOEM guidelines do not address postoperative management of patients with cervical fusions. ODG guidelines however do address use of the cervical collar post fusion and do not recommend this after a single level anterior cervical fusion with plate. Guidelines state that use of the cervical brace does not improve the fusion rate or the clinical outcomes. Therefore, based upon the available evidence and the guidelines, this is not considered to be medically necessary.