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| <b>Case Number:</b>   | CM14-0151449 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 10/17/2006 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 08/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2014 |

### 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 New York. 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 patient has chronic neck pain. The patient's pain radiating to the shoulder blades with numbness and pain down the arms. He is taking multiple medications to include narcotics. On physical examination the patient is decreased sensation of the left C6-7 and 8 dermatomes. Patient is reduced cervical range of motion. Motor exam shows reduced motor strength throughout the right arm for over 5. The left arm is normal. Reflexes are normal. The patient's date of injury was October 2006. MRI the cervical spine from 2014 shows multiple levels of degenerative disc condition. SC C4 the cervical spine stenosis. At C4-5 there is spinal stenosis. There is also some stenosis at C5-6 and C6-7. Cord compression is most severe at C3-4. Cervical spine surgery for myelopathy and progressive gait imbalance has been recommended. At issue with a cervical collar and other perioperative modalities are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hard and Soft Cervical Collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Cervical Collar, post-operative (fusion)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter, MTUS neck pain chapter

**Decision rationale:** There is no medical literature established effectiveness of cervical collar for cervical spine surgery. In addition guidelines do not support the use of cervical collar after cervical fusion surgery. ODG guidelines do not support the use of cervical collar for degenerative cervical condition. No literature has been publisher demonstrates the effectiveness and utility of the cervical collar at the cervical spine surgery. Cervical collar is not medically necessary.