

<b>Case Number:</b>	CM14-0161228		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/13/2002
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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:

This is a 62-year old male who sustained a vocational injury on 9/13/12, while working as a welder. The previous Utilization Review determination authorized the request for an anterior cervical discectomy and fusion at the C3-4 level, a one day length of stay following the previously aforementioned approved surgical intervention, surgical assistant, and the use of an external bone growth stimulator. This request is for an Aspen Vista Cervical Brace following the authorized previous recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Aspen Vista Cervical Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back chapter: Cervical collar, post operative (fusion)

**Decision rationale:** California ACOEM Guidelines note that cervical collars have not shown to have any lasting affects, except for comfort in the first few days of the clinical course in severe cases. Official Disability Guidelines specifically note that postoperative cervical collars are not

recommended after single-level anterior cervical discectomy and fusion with hardware given the fact that there is no literature supporting the fact that fusion rates are improved or the clinical outcomes of patients undergoing single level anterior cervical fusion with plating are enhanced by the collars. Therefore, based on documentation presented for review as well as California MTUS ACOEM and Official Disability Guidelines the request for the Aspen Vista Cervical Brace is not medically necessary.

**pre-op chest X-ray:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** The California ACOEM Guidelines state that consultations with sub-specialists or for preoperative clearance are utilized to aid in the diagnosis, prognosis, therapeutic management, determination medical stability, permanent residual loss and/or examine the fitness for return to work. The consultant is usually asked to act in an advisor capacity but may sometimes take full responsibility for investigation and/or treatment of examining your patient. Given the complexity of an anterior cervical discectomy fusion, as well as the high risk associated with a typically pre-operative clearance would be recommended by the anesthesia service, especially given the fact that the claimant is 62 years of age. In such a setting, it would be generally common practice to proceed with a preoperative chest x-ray to help give an assessment of a claimant's risks stratification with hopes to acknowledge medical optimization prior to considering or proceeding with surgical intervention. Therefore, it is medically reasonable to proceed with a preoperative chest x-ray prior to the previously approved surgical intervention. The request is medically necessary.