

Case Number:	CM14-0182710		
Date Assigned:	11/07/2014	Date of Injury:	03/31/2010
Decision Date:	12/11/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 Preventive 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 records made available for review, this is a 46-year-old male with a 3/31/10 date of injury, and cervical decompression in January, 2011. At the time (9/17/14) of request for authorization for Aspen/Philadelphia Collar, there is documentation of subjective (persistent back pain and sexual dysfunction) and objective (restricted range of motion of the cervical spine) findings, current diagnoses (cervical myeloradiculopathy post operative decompression, residual cord compression/ myelopathy and anterior decompression/fusion, chronic C5 radiculopathy, chronic right C5-6 radiculopathy, and erectile dysfunction), and treatment to date (Medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen/Philadelphia Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Collars (cervical)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Cervical collar, Collars (cervical) and post operative (fusion).

Decision rationale: MTUS reference to ACOEM guidelines identifies that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical

course in severe cases. ODG identifies that cervical collar is not recommended for neck sprain or after single-level anterior cervical fusion with plate, but the use of cervical collars after instrumented anterior cervical fusion is widely practiced. Therefore, based on guidelines and a review of the evidence, the request for Aspen/Philadelphia Collar is not medically necessary.