

Case Number:	CM14-0214866		
Date Assigned:	01/07/2015	Date of Injury:	01/04/2001
Decision Date:	03/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 is a 45-year-old man who sustained a work-related injury on January 4, 2001. Subsequently, he developed chronic neck pain. Prior treatments included: injections, medications, and physical therapy. MRI of the cervical spine dated April 29, 2014 showed multiple levels of degeneration. At C4-5 and C5-6, there was status post fusion without discrete evidence of canal stenosis or neuroforaminal narrowing. At C6-7, there was left exiting nerve root compression with left neuroforaminal narrowing. X-ray of the cervical spine dated September 2014 showed a pseudoarthrosis at C4-5 and C5-6 with encroachment at C6-7. According to a follow-up report dated October 9, 2014, the patient reported a horrible radicular pain with weakness of his biceps and a little of his triceps, although no atrophy was noted at that level. He had no C6 or C7 reflex. No Hoffman's, Lhermitte's, Adson's or Wrights test. He was unable to do physical therapy and was increasing the use of narcotics. Spinal examination showed decreased range of motion of the cervical spine. Paraspinal spasm was present in the trapezial area. There was positive shoulder abduction test. There was decreased sensation in the C6 and C7 nerve root distribution. He had weakness of his triceps at 4+/5, biceps at 4/5. Decreased C5, C6, and C7 reflexes, C6 and C7 were absent. C5 was 1+ on the left. He had severe restriction in range of motion secondary to pain. The patient was diagnosed with pseudo arthrosis at C4-5 and C5-6, as well as disc degeneration at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for purchase of soft cervical collar post-operatively: 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), Neck/Upper Back Complaints, Cervical Collar, Postoperative Fusion

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to MTUS guidelines, cervical collar is not recommended for chronic cervical complaints including neck sprain.