

<b>Case Number:</b>	CM15-0004122		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 York  
 Certification(s)/Specialty: Neurological Surgery

### 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 46 year old male x-ray engineer was hit on the right side of his head by railing on September 8, 2011. He has reported occipital headaches, right neck pain, and right shoulder and arm pain, tingling numbness and right hand weakness. The diagnoses have included cervical spine disc protrusion, cervical spine radiculopathy with stenosis, and degenerative disc disease, and chronic pain syndrome. Treatment to date has included right shoulder debridement, decompression and acromioplasty on 01/13/2012, acupuncture, physical therapy, chiropractic, exercises, transcutaneous electrical nerve stimulation unit, and medications. He had normal MRI scans of his brachial plexus and head. Currently, the injured worker complains of continued right neck, shoulder and arm pain with numbness and tingling. Physical exam on 05/27/2014 disclosed markedly restricted right lateral rotation, tenderness over posterior facet joints, right side cervical muscle spasm and weak right finger flexors and abductors. No atrophy was noted. He had positive Hoffman's test on the right. PR2 of 07/22/2014 reported flexion and extension view of the cervical spine as showing no instability. MRI was reviewed which showed moderate to severe cervical; spinal stenosis at C5-6 and C6-7. Past medical history indicated a rupture of his pectoralis major muscle in 2004 on the right. The treating physician is requesting postoperative medical clearance and a postoperative cervical spine brace. On December 23, 2014 Utilization Review non-certified the request for postoperative medical clearance and a postoperative cervical spine brace noting the lack of documentation to support the medical necessity of the surgery. The ODG were cited in the decisions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Post operative cervical brace:** 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), 19TH Annual Edition, ODG treatment in Workers' Comp (12th Annual Edition), 2014, Neck and Upper Back Chapter, Updated 11/18/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter-Back brace, post operative (fusion)

**Decision rationale:** The ODG guidelines do not recommend a cervical collar after a one level anterior cervical fusion with plate. They note there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes. The documentation shows the provider was requesting disc replacement the rationale for which would usually be to maintain motion. Thus a cervical collar would interfere with that purpose. The requested treatment: Associated surgical service: post operative cervical brace is not medically necessary or appropriate.

**Associated Surgical Service: Post-operative medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127, 503.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical therapy-preoperative testing (general)

**Decision rationale:** The documentation does not contain a rationale to support a post-operative medical clearance. If one presumes this was a typographical error, then the ODG guidelines speak to the necessity of medical testing when the worker has comorbidities whose identification would effect the postoperative management and the risk of complications. Documentation does not show evidence of such commorbidities. Thus the requested treatment: Associated surgical service: post-operative medical clearance is not medically necessary or appropriate.