

Case Number:	CM15-0013152		
Date Assigned:	01/30/2015	Date of Injury:	08/08/2013
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 46 year old male, who sustained an industrial injury on August 8, 2013. Injury occurred while he was cranking a gear box. He was diagnosed with right shoulder impingement syndrome, and right C4/5 posterolateral disc herniation with resultant right upper extremity C5 radiculopathy. On December 17, 2014, the patient complained of right upper extremity numbness, tingling and weakness and right shoulder pain in a C5 distribution. Cervical spine exam documented paraspinal tenderness and spasms, with 4/5 biceps and deltoid weakness. The patient had exhausted conservative treatment with physical therapy, pain medications, anti-inflammatories, and epidural steroid injection. Anterior C4/5 decompression, discectomy, and fusion with allograft bone was recommended. A post-operative orthosis and immobilizer was requested, indicating that the patient would be immobilized for 2 weeks followed by physical therapy. On December 30, 2014, Utilization Review certified a request for C4/5 anterior cervical discectomy and fusion with 12 visits of post-op physical therapy. An associated request for post-operative DME: vista treatment collar set, was non-certified, noting the Official Disability Guidelines. On January 22, 2015, the injured worker submitted an application for Independent Medical Review for review of post-operative DME: vista treatment collar set.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative DME: Vista Treatment Collar Set: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Cervical Collar, Post Operative (fusion)

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

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars are not recommended after single-level anterior cervical fusion with plate. Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist. Guideline criteria have been met. This patient is undergoing anterior cervical discectomy and fusion without plate; fusion will include allograft bone. Post-operative immobilization is planned. The use of a post-op cervical brace would be appropriate to protect the surgical construct and for pain control. Therefore, this request for post-operative DME: Vista Treatment Collar Set is medically necessary.