

Case Number:	CM15-0016884		
Date Assigned:	02/05/2015	Date of Injury:	03/30/2011
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 03/30/2011. The mechanism of injury involved a motor vehicle accident. The injured worker is diagnosed with cervical stenosis, cervical radiculitis, cervical brachial syndrome, cervical sprain/strain, and cervical spondylosis. On 12/17/2014, the injured worker presented for a followup evaluation with ongoing pain in the neck with radiation into the left arm causing numbness and weakness. Upon examination, there was left paracervical tenderness, guarded range of motion, and moderate pain at the extremes of motion. Any extension of the neck beyond neutral reproduced pain into the left arm. Motor testing revealed weakness of the left hand. There was also diminished sensation through the thumb and index finger of the left hand. Recommendations included a removal of the old C4-5 spinal plate with decompression and stabilization at C5-6. A Request for Authorization form was then submitted on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op cervical collar with pad (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175-176.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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. The Official Disability Guidelines do not recommend a cervical collar after single level anterior cervical fusion. In this case, the provider was requesting a removal of old hardware at C4-5 with anterior discectomy and fusion at C5-6. As the Official Disability Guidelines do not recommend a postoperative cervical collar following a single level fusion, the request cannot be determined as medically appropriate at this time.