

<b>Case Number:</b>	CM15-0144926		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Hawaii

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 sustained an industrial injury on 6-27-2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical sprain-strain and status post right shoulder arthroscopy and rotator cuff repair 5-28-15 with continued symptoms and decreased range of motion. Treatments to date include anti-inflammatory and cervical epidural steroid. Currently, she complained of constant headaches and neck pain with radiation down bilateral upper extremities associated with numbness and tingling. She reported right shoulder pain with radiation to the right upper extremity. On 6-23-15, the physical examination documented hyperreflexia of wrist, tricep, bicep and decreased grip strength. There was swelling noted throughout the hand and arm. Cervical range of motion was decreased and compression test positive. The plan of care included cervical fusion and associated services. The appeal requested authorization of durable medical equipment (DME) cervical brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Neck chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, Cervical brace.

**Decision rationale:** The patient presents with pain affecting the head and neck with radiation to the bilateral upper extremities. The current request is for Cervical brace. The treating physician report dated 6/23/15 (55B) states, "At this time, I would like to request authorization for anterior cervical discectomy and fusion at C6-C7 level." The report goes on to state (58B), "A cervical brace will be needed postoperatively to stabilize and support the back, reduce pain and assist in activities of daily living." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding cervical collars: "May be appropriate where post-operative and fracture indications exist." The guidelines go on to state, "Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating." In this case, the patient does not present with post-operative conditions as she has not yet been authorized for a cervical discectomy and fusion at the C6-C7 level. In addition, there is no documentation in the medical reports of a fracture of the cervical spine. Consideration was not given to a post-surgical state as the IW has not been authorized for surgery. The current request does not satisfy the ODG guidelines as outlined in the "Neck & Upper Back" chapter. The current request is not medically necessary.