

Case Number:	CM15-0062176		
Date Assigned:	04/08/2015	Date of Injury:	03/04/2014
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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:

This injured worker is a 54-year-old female who sustained an industrial injury on 3/4/12, relative to repetitive work duties as a bookkeeper. Past surgical history was positive for carpal tunnel release in 2003 and revision left carpal tunnel release in 2013. The 4/24/14 cervical spine MRI impression documented multilevel disc disease. At C4/5, there was a 4 mm posterior disc protrusion that indented the ventral surface of the cord and ligamentum flavum hypertrophy indented the dorsal surface of the thecal sac. There was moderate spinal stenosis. There as a 3 mm posterior central disc protrusion at C3/4 that indented the ventral surface of the thecal sac and mild spinal stenosis. The 3/3/15 initial orthopedic consultation cited constant grade 5-8/10 neck pain radiating into the left trapezius with forearm numbness extending into the hand. Physical exam documented restricted cervical range of motion, positive Hoffman's on the left, 5/5 strength, symmetrical deep tendon reflexes, and decreased sensation over the bilateral median nerve distribution. The diagnosis was C4/5 stenosis with spinal cord compression and myelopathy, and C5/6 and C6/7 disc degeneration without stenosis. Authorization was requested for C4/5 corpectomy, application of intervertebral biomechanical device, anterior instrumentation, and fusion with associated surgical requests. The 3/13/15 utilization review certified the request for C4/5 corpectomy, application of intervertebral biomechanical device, anterior instrumentation, and fusion with spinal cord monitoring. Additional certified requests included pneumatic intermittent compression device, post-op physical therapy 3x6, pre-op medical clearance, pre-op chest x-ray, assistant surgeon, and 1 day inpatient stay. The requests for hard and soft cervical collars were non-certified as guidelines did not support post-op bracing

for single level cervical spine fusion. The request for 30-day rental of a cold therapy unit was non-certified as guidelines do not recommend the use of a cryotherapy unit for cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hard cervical collar: 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 and Upper Back, Collars (cervical).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Guideline criteria have not been met. There is no rationale presented to support the medical necessity of a hard collar following a single level anterior cervical fusion with plating. Therefore, this request is not medically necessary.

Soft cervical collar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Collars (cervical).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Guideline criteria have been met. Although guidelines do not generally support the medical necessity of bracing after anterior cervical fusion with plating, the use of post-operative soft cervical collar for pain control is reasonable. Therefore, this request is medically necessary.

Cold therapy unit, 30 day rental, cervical spine: 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 and Upper Back, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Continuous-flow cryotherapy.

Decision rationale: The California MTUS guidelines do not provide recommendations relative to this device. The Official Disability Guidelines do not recommend the use of continuous flow cryotherapy in the neck. There is no compelling reason submitted to support the medical necessity of a cold therapy unit in the absence of guideline support or over standard cold packs. Therefore, this request is not medically necessary.