

Case Number:	CM15-0072885		
Date Assigned:	04/23/2015	Date of Injury:	07/26/2011
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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: 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 52 year old female, who sustained an industrial injury on 7/26/11. She reported initial complaints of neck and back. The injured worker was diagnosed as having cervical degenerative disc disease with central /lateral canal stenosis; bilateral C6 radiculopathy with myelopathy. Treatment to date has included EMG/NCV upper extremities (12/10/114); MRI lumbar spine (2/5/15); MRI cervical spine (2/5/15); medications. Currently, the PR-2 notes dated 2/19/15 indicate the injured worker complains of persistent neck pain, shoulder radiation, numbness, weakness, and tingling in both hands, difficulties with balance, stiffness of the back. The physical examination and review of recent MRI of lumbar and cervical spine demonstrate the injured worker has bilaterally upper extremity radiculopathy consistent with C6 nerve root distribution. She has associated numbness and weakness in both hands as well as difficulty with balance most likely the result of some central stenosis. The provider's recommendation included a request for C5-C6 discectomy with foraminotomy/fusion. The medical documentation submitted does not document the requested rigid cervical collar or establish the medical necessity for the collar at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rigid cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck section, cervical collars.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post operative (fusion), "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. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the non-braced group over all time intervals, but those were not statistically significant." As the guidelines do not support bracing postoperatively, the determination is for non-certification. The request IS NOT medically necessary.