

Case Number:	CM14-0140304		
Date Assigned:	09/10/2014	Date of Injury:	07/08/2010
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old female who sustained a work related injury on 7/8/10 as a result of lifting a wet mattress. On her Neurosurgical follow-up dated Aug 14, 2014, the patient complains of neck pain and bilateral arm pain that radiates over the cape of her shoulder, is 7/10 and severe with accompanying headaches. It limits her routine activities, as well as work and that she has difficulty driving and sleeping. No objective findings other than her most recent imaging study, is documented. A cervical MRI dated 11/27/12 indicates cervical spondyls, a straightening of the cervical lordosis and central canal stenosis and two-level (C4-C6) disc bulging. A plane radiograph obtained on 8/11/2014 identifies 'severe C4-C6 degenerative disc narrowing and moderate C4-6 spondylosis changes noted'. An EMG / NCV performed on 5/5/14 found no abnormalities. In dispute is a decision for DME: Post-Op Cervical Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Post-Op Cervical Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Neck and Upper Back Chapter)

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 (Acute & Chronic), Cervical collar, post-operative (fusion)

Decision rationale: According to the ODG guidelines, 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 nonbraced group over all time intervals, but those were not statistically significant. The guidelines are absent any direct advice regarding when multilevel cervical fusion is performed. However, it is now common practice to provide a soft collar device post-surgical for any patient who undergoes a cervical operative procedure. As such, it is medically necessary and part of post-operative standard of care.