

Case Number:	CM14-0140627		
Date Assigned:	09/10/2014	Date of Injury:	01/05/2005
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 57 year old female who was injured on 01/05/2005. The mechanism of injury is unknown. Prior medication history included Lyrica, Diclofenac. Diagnostic studies reviewed include x-rays of the cervical spine revealed pseudoarthrosis at C5-C6. According to UR, the patient was seen for neck pain radiating into the arms and shoulders bilaterally. She had restricted range of motion with pain and tenderness at C5-C6 and C6-C7 levels posteriorly. There was a positive Spurling's sign with extension and rotation to C5 and moderate hypertrophy. The patient has a diagnosis of nonunion of fracture. The patient was recommended for revision anterior/posterior cervical fusion with instrumentation and Aspen cervical brace. Prior utilization review dated 08/21/2014 states the request for Aspen cervical Brace is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen cervical Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Collars (cervical)

Decision rationale: Per ACOEM guidelines, cervical brace or collar is recommended as an option in central cord compression until emergent surgery is performed. Per ODG, cervical brace is 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. The clinical information with respect to plan for cervical fusion is limited. Therefore, the request is not medically necessary per guidelines.