

Case Number:	CM13-0007533		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2011
Decision Date:	01/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 62-year-old male who reported a work-related injury on 01/19/2011 as result of contusion to the cervical spine, low back, right shoulder, bilateral hips, and bilateral hands. The clinical documentation submitted for review is assessing the patient's course of treatment for his cervical spine pain complaints as the patient is being recommended to undergo surgical interventions to multiple levels of the cervical spine. The clinical notes document the patient has utilized physical therapy, acupuncture, and injections to his wrist and bilateral knees. The patient refuses to utilize any medication regimen. The clinical notes document the patient is an active cigarette smoker. The clinical note dated 02/20/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient reports numbness in the posterior cervical area, posterior shoulder area, and the hands. The patient is status post carpal tunnel release on the right. Upon physical exam of the patient's cervical spine, the patient reports pain in the lateral right upper arm into the level of the elbow. The patient reports rate of pain at 8/10. The provider documented reflexes were 2+ at the biceps and brachial radialis, 1+ and symmetrical at the triceps, 0 to 1 at the right patella, 1 to 2 at the left patella, and absent at the Achilles. The provider documented motor strength revealed decreased grip at 55/61/54 to the right and 51/60/56 pounds to the left. The provider documented 5/5 biceps and 3/5 triceps with sore elbows and guarding. The provider documented orthopedic signs to the shoulder were positive bilaterally. The provider's impression was the patient presented with a C2-3 anterior synostosis, rule out diffuse idiopathic skeletal hyperostosis, status post TB of the neck, severe cervical spondylosis rule out cervical cord compression at C5-6, and advanced degenerative changes of the lumbar spine and cervical and upper extremity complaint

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery-Spinal 3 day hospitalization for 4 level anterior cervical fusion consisting of anterior cervical vertebrectomy C5 with C4-5 and C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Neck and Upper Back Chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient has presented with continued lumbar spine and cervical spine pain complaints since status post a work-related injury sustained over 3 years ago. The requesting provider, [REDACTED], was recommending a multilevel anterior cervical discectomy and fusion to the cervical spine at C3-4, C4-5, C5-6, and C6-7. The current request is excessive in nature. The patient additionally presents with significant bilateral shoulder pathology evidenced upon review of MRI of the bilateral shoulders dated 02/06/2013, which revealed severe subscapularis tendinopathy to the left shoulder and marked degenerative change of the acromioclavicular joint. All rule outs of the patient's pain generators should be evidenced prior to multilevel fusion to the cervical spine to reassess if this is the patient's pain generator. Additionally, the patient's objective findings of symptomatology do not specifically correlate with any 1 spinal level. Furthermore, the most recent clinical note submitted for review with any kind of physical exam findings dated 08/07/2013 by [REDACTED] documented the patient was not interested in cervical spine surgical interventions. ACOEM indicates the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical notes failed to evidence the patient has exhausted all lower levels of conservative treatment to include a medication regimen, injection therapy, and recent utilization of supervised therapeutic interventions specifically for the cervical spine. Given all of the above, the request for surgery-spinal 3-day hospitalization for 4 level anterior cervical fusion consisting of anterior cervical vertebrectomy C5 with C4-5 and C5-6 discectomy is not medically necessary or appropriate.

anterior cervical discectomy C3-4 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

placement of intradiscal device, PEEK cage, strut cage/strut C3-7 (four levels): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

anterior spinal instrumentation Zimmer four levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

anterior cervical fusion C3-7 (four levels): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

application of composite graft: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.