

Case Number:	CM13-0020236		
Date Assigned:	11/08/2013	Date of Injury:	10/01/2009
Decision Date:	10/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 Orthopedic Spine 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 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:

According to the records made available for review, this is a 55-year-old male with a 10/1/09 date of injury, and C5-7 fusion in 2000. At the time (8/27/13) of the Decision for plates and screws removed from C5 to C7, new fusion to the spine between C2 and C5, and 3 day post-op inpatient stay, there is documentation of subjective (neck pain with numbness in the hands) and objective (tenderness over the cervical spine, and decreased cervical spine range of motion) findings, imaging findings (reported MRI cervical spine (unspecified date) revealed progressive instability and spondylolisthesis above the level of the fusion at C2-3 and C3-4, the C4-5 disc shows severe degenerative changes, and kyphotic deformity at C2-3 and C3-4; report not available for review; cervical spine flexion/extension views (unspecified date) report revealed significant offset or listhesis of C2 on C3, substantial instability of C3 on C4, overall deformity at 34 degrees from C2-5 that increased to 49.6 in flexion), current diagnoses (cervical strain and status post cervical fusion), and treatment to date (cervical medial branch block, radiofrequency ablation, and medications). Medical report identifies a request for fusion given the severe weakening of the posterior spinous muscles and further instability that allowed the neck to fall forward. 6/27/13 medical report identifies atrophy of the shoulder and girdle muscles, "which may or may not be related to the deformity." There is no (clear) documentation of intractable radicular pain in the presence of documented clinical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plates and Screws removed from C5 TO C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

New Fusion to the spine between C2 and C5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies documentation of radiographically demonstrated abnormality to support clinical findings consistent with Progression of myelopathy or focal motor deficit; or intractable radicular pain in the presence of documented clinical and radiographic findings; or presence of spinal instability when performed in conjunction with stabilization, as criteria necessary to support the medical necessity of discectomy/laminectomy/laminoplasty. In addition, ODG identifies documentation of evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test, evidence of motor deficit or reflex changes, and failure of at least a 6-8 week trial of conservative care. Furthermore, ODG identifies documentation of fusion in the management of instability and as an option in combination with anterior cervical discectomy. Within the medical information available for review, there is documentation of diagnoses of cervical strain and status post cervical fusion. In addition, there is documentation of imaging findings (cervical spine flexion/extension views identifying significant offset or listhesis of C2 on C3, substantial instability of C3 on C4, overall deformity at 34 degrees from C2-5 that increased to 49.6 in flexion) and failure of conservative treatment. However, despite documentation of subjective (neck pain with numbness in the hands) and objective (tenderness over the cervical spine, and decreased cervical spine range of motion) findings, and medical reports identifying atrophy of the shoulder and girdle muscles, "which may or may not be related to the deformity," there is no (clear) documentation of intractable radicular pain in the presence of documented clinical findings. Therefore, based on guidelines and a review of the evidence, the request for new fusion to the spine between C2 and C5 is not medically necessary.

(3) Day Post-Operative Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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