

Case Number:	CM13-0021110		
Date Assigned:	10/11/2013	Date of Injury:	03/11/2011
Decision Date:	10/24/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopaedic 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:

This female injured worker sustained an industrial injury on 3/11/11. The mechanism of injury was not documented. She underwent C4-C7 anterior cervical discectomy, realignment of sagittal deformity back to lordosis, C4/5 dynamic vertebral implantation, C5-C7 anterior cervical fusion and anterior rigid cervical instrumentation, C4 and C7 partial corpectomy, C5/6 partial corpectomy superior and inferior endplate, C4/5 and C6/7 excision of exostosis and removal of osteophytes, and C4-7 anterior cervical cord decompression with resection of the posterior longitudinal ligament, and bilateral neural foraminotomies with nerve root decompression and excision of the uncovertebral joints on 8/3/12. The 2/17/13 cervical spine x-rays documented disc replacement at C4/5 and anterior cervical discectomy and fusion from C5 to C7 with excellent position and alignment, and some bone consolidation. The 6/27/14 treating physician report cited some residual cervical spine symptomatology, but mostly dysphagia. The injured worker reported significant improvement overall with the hybrid construct that was performed. No significant comorbidities were noted. Cervical spine exam was essentially unremarkable except for mild complaints of dysphagia. The treating physician noted that the implant at the C4/5 had migrated anteriorly with no significant movement noted in the last couple of x-rays. The treatment plan recommended surgical intervention to prevent further possible migration of the implant and esophageal erosion. Surgery would include removal of hardware at the C5-7 levels with inspection of fusion and possible re-grafting, and extraction of the C4/5 implant with augmented fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 REMOVAL OF CERVICAL SPINE HARDWARE WITH INSPECTION OF THE FUSION MASS AND POSSIBLE REGRAFTING, C4-5 ANTERIOR CERVICAL DISCECTOMY FUSION WITH INSTRUMENTATION, ILIAC CREST ASPIRATION/HARVESTING, POSSIBLE JUNCTIONAL 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): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back, Plate fixation, cervical spine surgery, Disc prosthesis, Fusion, anterior cervical, Hardware implant removal (fixation),

Decision rationale: The California MTUS does not provide recommendations for cervical hardware removal. The Official Disability Guidelines generally do not recommend removal of hardware implanted for fixation, except in the care of broken hardware or persistent pain, after ruling out other causes of pain such as infection and non-union. Guidelines indicate that there are numerous cervical implant related complications including esophageal erosion and injury to adjacent structures due to hardware. Guidelines support the use of an interbody fusion when a disc implant is retrieved due to migration. The Official Disability Guidelines generally recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have been met for proceeding with the cervical spine hardware removal, extraction of the C4/5 disc implant, and anterior cervical discectomy and fusion at C4/5. There is no clinical exam or imaging evidence provided relative to junctional level pathology. The 8/1/13 utilization review modified the surgical request and certified C5-7 removal of cervical spine hardware with inspection of the fusion mass, C4-5 anterior cervical discectomy fusion with instrumentation, iliac crest aspiration/harvesting. There is no compelling reason presented to support the medical necessity of additional procedures. Therefore, this request is not medically necessary.

MEDICAL CLEARANCE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Anesthesia is being administered in a lengthy procedure involving recumbency and significant fluid exchange. Given these clinical indications, this request is medically necessary.