MAXIMUS Federal Services

Case Number:	CM13-0044175		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2003
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 Surgeon, has a subspecialty in Sports Medicine 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 40-year-old female who reported an injury on 11/14/2003 due to repetitive trauma that ultimately resulted in a cervical discectomy and fusion at the C5-7 levels. The patient reportedly initially received significant improvement from the surgical intervention and received postsurgical treatment to include psychological support, physical therapy and epidural steroid injections. An Magnetic resonance imaging (MRI) in 03/2013 revealed a C6-7 disc bulge that resulted in moderate narrowing of the central canal and severe left foraminal narrowing. The patient's most recent clinical examination revealed chronic pain complaints at the cervical spine and chronic dysphagia. Physical examination of the cervical spine revealed paravertebral muscle spasms with positive axial loading compression tests and disturbed sensation in the C5 dermatomes. The documentation does indicate that the patient underwent an electrodiagnostic study that did not reveal any evidence of acute cervical radiculopathy. The patient's diagnoses included status post anterior cervical discectomy and fusion, status post right shoulder subacromial decompression and mini open Mumford resection, status post left shoulder surgery, right lateral epicondylitis, electrodiagnostic study evidence of left cubital tunnel syndrome, bilateral carpal tunnel releases, status post left trigger thumb release, chronic pain syndrome and a psychiatric diagnosis per the psychiatrist. The patient's treatment plan included C5-7 hardware removal with fusion at the C4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: C5-7 removal of cervical spine hardware with inspection of the fusion mass and possible re grafting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines, Second Edition (2004), Hardware Removal, and Official Disability Guidelines (ODG) Section: Neck and Upper Back Chapter.

Decision rationale: The requested surgery at C5-7 for removal of cervical spine hardware with inspection of the fusion mass and possible regrafting is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has residual radicular complaints status post fusion surgery at the C5-7 levels. The clinical documentation submitted for review does not provide any evidence that the patient has recently undergone any active therapy. The Official Disability Guidelines do not recommend hardware removal unless there is evidence of broken hardware or persistent pain secondary to existing hardware, and other pain generators, such as infection and nonunion, have been ruled out. The clinical documentation submitted for review does not provide any evidence that the patient's pain is directly related to the implanted hardware. There was no documentation that other pain generators, such as infection, have been ruled out. The clinical documentation does support that the patient's fusion was successful, and there is evidence of fused levels of the cervical spine. Therefore, removal of the hardware would not be indicated.

Minerva Mini Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Section: Neck and Upper Back Chapter,Section: Cervical collar, post operative (fusion).

Decision rationale: The requested Minerva mini collar is not medically necessary or appropriate. The Official Disability Guidelines do support the use of a cervical support in the event of a multilevel fusion. However, as the clinical documentation does not support surgical intervention at this time, postsurgical management would not be indicated. As such, the requested Minerva mini collar is not medically necessary or appropriate.

. Miami J. Collar with thoracic extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Chapter, Section: Cervical collar, post operative (fusion).

Decision rationale: The requested Miami J. collar with thoracic extension is not medically necessary or appropriate. The Official Disability Guidelines do support the use of a cervical support in the event of a multilevel fusion. However, as the clinical documentation does not support surgical intervention at this time, postsurgical management would not be indicated. As such, the requested Miami J. collar with thoracic extension is not medically necessary or appropriate.

Bone Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Low Back Chapter, Section: Bone growth stimulators (BGS).

Decision rationale: The requested bone growth stimulator is not medically necessary or appropriate. The Official Disability Guidelines do recommend the use of a bone growth stimulator for multilevel fusions or for patients who are at risk for delayed recovery after a fusion surgery. However, as the clinical documentation does not support that the patient is a surgical candidate at this time, the need for postsurgical management is also not supported. As such, the requested bone growth stimulator is not medically necessary or appropriate.

Medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (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) Low Back Chapter, Section: Preoperative testing, general and Preoperative electrocardiogram (ECG).

Decision rationale: The requested medical clearance is not medically necessary or appropriate. The Official Disability Guidelines do recommend medical clearance and pre-operative lab testing for patients who are to undergo surgical implantation of foreign objects. However, the clinical documentation does not support that the patient is a surgical candidate at this time. Therefore, medical clearance would also not be indicated. As such, the requested medical clearance is not medically necessary or appropriate.