

Case Number:	CM13-0045735		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2010
Decision Date:	06/04/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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 injured worker is a 53 year-old female who was injured on February 26, 2010. The mechanism of injury is reported as repetitive lifting of heavy boxes. The request is for a cervical spine surgery, an assistant surgeon and a two day hospitalization. It is noted that a request for a two-level (C5/C6 & C6/C7) circumcission was not certified in the preauthorization process. It was noted that the mechanism of injury was a repetitive lifting event, and that the injured employee has a significant (16 year) history of tobacco abuse. It is also noted that a previous multiple level cervical surgery from C4 through C7 was completed in February, 2012. A total disk arthroplasty was noted at C4/C5. Postoperative care was delivered. Subsequent imaging studies identified a fusion from C5 through C7, and no evidence of osseous fusion was noted. Foraminal narrowing secondary to uncovertebral joint hypertrophy is also noted. There is no noted evidence of a cervical radiculopathy, brachial plexopathy or peripheral nerve compromise. Also noted is an independent evaluation completed in August, 2013 noting significant "symptom magnification", poor correlation between the physical examination and the complaints, and that a functional restoration program was indicated. It was felt that when incorporating all the factors in this case, there was insufficient data for a surgical intervention. Accordingly, the surgery was not certified, the tangential requests were also not certified. Additional records include a pain medicine consultation dated October 2013 seeking a medication refill. The pain level was 8/10. The physical examination did not identify any acute abnormalities and there was a decreased cervical spine range of motion noted secondary to the surgery completed. The diagnosis of failed cervical surgery syndrome with a radiculopathy is reported. The above-noted Orthopedic Qualified Medical Evaluation is noted. The reported mechanism of injury, history of treatment, treatment to date, and current clinical assessments are reviewed. It was noted that the cervical fusion have failed. Also noted were "more symptom magnification with psychogenic overlay" and the QME

reviewer felt that a 2nd procedure "is doomed to failure" as this would fail to alleviate the current symptomology. Multiple prior pain management consultations are noted and the medication protocols are unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 and C6-7 posterior fusion with right sided laminotomy and C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Page 166.

Decision rationale: As noted in the California MTUS, surgical intervention is warranted for those who are expected to benefit from such surgery. As noted by numerous reviewers and previous clinical evaluators, there is no reasonable expectation of success and in fact it is "doomed to failure." Furthermore, when noting the lack of efficacy of the multiple pain medications being prescribed, noting that the pain level has never gotten below 8/10 and the psychogenic overlay, there is little to suggest that this already surgically treated multiple level fusions would have any positive effect. While noting the previous surgery, artificial implant and other hardware, and the lack of significant physical examination findings, the clinical indication for such an intervention is not presented. Therefore, there is insufficient clinical data presented to suggest that this surgical intervention is warranted.

Assistant surgeon is not medically necessary and appropriate.: Upheld

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

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.

Preoperative clearance: Upheld

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

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.

2 day inpatient hospital stay:

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

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.

Cool therapy unit for 30 day rental: Upheld

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

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.

Pneumatic intermittent compression device: Upheld

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

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.

Bone growth stimulator: Upheld

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

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.

Soft cervical collar: Upheld

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

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.

Hard cervical collar: Upheld

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

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.