

Case Number:	CM13-0047192		
Date Assigned:	12/27/2013	Date of Injury:	07/18/1988
Decision Date:	08/29/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 60-year-old female sustained an industrial injury on 7/18/88. The mechanism of injury was not documented. She was status post C4-C7 fusion. The 3/13/13 cervical spine magnetic resonance imaging (MRI) impression documented a C3/4 disc bulge with mild effacement of the central sac, mild central stenosis and mild to moderate bilateral foraminal narrowing. There were post-operative changes at C4/5, C5/6, and C6/7 with mild to moderate foraminal narrowing. There was mild central canal narrowing at C4/5 and C5/6. There was a C7/T1 disc bulge with no significant central canal or foraminal stenosis. The 9/24/13 treating physician report cited neck pain radiating to the base of the skull and intermittently into the upper extremities. She had on-going pain with associated muscle spasms and headaches that limited her activities of daily living and interfered with personal hygiene. She had failed conservative care including injections, physical therapy, medications and activity modification. Physical exam documented paracervical muscle tenderness and tenderness over the base of the neck and skull. There was decreased upper extremity sensation in the bilateral C6 and left C8 dermatomal distribution. Cervical range of motion was moderately limited with 5/5 strength and symmetrical 2+ deep tendon reflexes. Spurling's sign was positive on the left. The treating physician stated that the patient had an MRI that showed spondylolisthesis at C3/4 and the definite care for instability was cervical fusion. In order to achieve the surgery due to the location of the previous fusion plate, C4-C7 removal of hardware would be required. Films showed solid fusion through the cervical spine at this level. The 1/9/13 utilization review denied the request for cervical fusion surgery as the MRI study did not reveal significant pathology to explain the reported symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical disectomy and fusion with hardware removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Back Surgical Considerations.

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, Hardware implant removal (fixation).

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The ODG recommend anterior cervical fusion as an option with anterior cervical disectomy 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 not been met. There is no radiographic or imaging evidence of spondylolisthesis with segmental instability. There is no evidence of motor or reflex changes. A pre-surgical psychological screening is not evident. Therefore, this request for Anterior Cervical Disectomy and Fusion with hardware removal is not medically necessary.

Soft and 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Cervical collar, post-operative (fusion).

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

Cold therapy unit: Upheld

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 Official Disability Guidelines (ODG) Neck and Upper Back, Continuous-flow cryotherapy.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Venous Thrombosis.

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

Medical pre-op: Upheld

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 Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI).

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

Assistant surgeon: Upheld

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 Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

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

One day inpatient stay: Upheld

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 Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay (LOS).

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