

Case Number:	CM13-0060975		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2009
Decision Date:	04/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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:

The claimant is a 48 year old female who injured her cervical spine on July 20, 2009. The records documented that the claimant was status post anterior cervical discectomy and fusion at the C5-6 level performed in April 2012. The recent clinical presentation of November 7, 2013 documented continued complaints of radiating trapezial pain and sub occipital pain with continued cervical complaints. Examination demonstrated restricted range of motion and tenderness to palpation, with noted neurologic evaluation being intact with full sensation and no documented motor or reflexive change. The imaging report of an October 9, 2013 CT scan showed a prior fusion procedure at the C5-6 level with degenerative changes at C3-4 and C4-5 with disc osteophyte complex and facet changes. The claimant was also documented to have failed conservative care. Based on the continued complaints of pain the revision surgical process was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

IWR C5-6 EXPLORATION OF FUSION (HARDWARE REMOVAL), ACDF C3-4, C4-5, POSSIBLE REVISION OF ACDF C5-C6, INSTRUMENTATION: Upheld

Claims Administrator 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Procedure - Fusion, Anterior Cervical

Decision rationale: Based on the California MTUS/ACOEM Guidelines and supported by Official Disability Guidelines, the proposed cervical fusion would not be indicated. At present the medical records do not document that the claimant has radicular findings on examination that would indicate the need for further surgery to the cervical spine. Imaging fails to demonstrate evidence of pathology with the claimant's prior C5-6 level. The absence of the above documentation would fail to necessitate satisfy the evidenced based guidelines to support the surgery. The request FOR IWR C5-6 exploration of fusion (hardware removal), ACDF C3-4, C4-5, possible revision of ACDF C5-C6, instrumentation is not medically necessary and appropriate.

2 DAY LENGTH OF STAY INPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.

CONSULTATION WITH HOSPITALIST: 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 LABORATORIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

ASPEN AND PHILLY COLLARS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

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.

POST OPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEK TO BEGIN FOUR TO SIX WEEKS AFTER SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.