

Case Number:	CM13-0072149		
Date Assigned:	01/08/2014	Date of Injury:	10/02/1972
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Spine Fellowship 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 is a 63-year-old male with a 10/2/72 date of injury after being involved in a rear end collision. He has a 27-year history of neck pain and headaches. He is status post anterior cervical fusion at C4/5 and C5/6 with vertebrectomy at C3, and hemivertebrectomy at C4, C6, and C7 in 2007. Despite surgical measures, the patient complained of a burning sensation in the middle of the neck with lower posterior neck pain. An MRI of the neck performed on 3/11/13 revealed a 2-3mm anterior spondylolisthesis of C7 on T1 with bilateral neural foraminal stenosis related to bilateral uncovertebral and facet hypertrophy; a 1-2mm posterior disc bulge with spur at C2/3 with no evidence of significant neural foraminal stenosis. A repeat MRI of the neck on 9/26/13 revealed grade 1 anterolisthesis of C7 on T1 with moderate to severe bilateral neural foraminal stenosis; mild to moderate right sided neural foaramnial stenosis at C2/3 secondary to uncovertebral spurring. The patient was seen on 12/10/13 with complaints of neck pain and posterior headaches in addition to pain with movement. The patient does not describe any radicular symptoms. No physical exam was documented on that visit. On prior exams the patient is noted to have decreased range of motion of the cervical spine with intact strength and sensation in the upper extremities bilaterally. Treatment to date: cervical surgery, Botox injections, C7-T1 facet block, physical therapy, cervical epidurals, medications A UR decision dated 12/17/13 denied the request for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR DISCECTOMY & FUSION AT C7-T1, POSTERIOR INSTRUMENTATION AT C7-T1, POSTERIOR FUSION AT C2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8 NECK AND UPPER COMPLAINTS, 180-183

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: With regard to anterior discectomy & fusion at C7-T1 and posterior instrumentation at C7-T1, CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. With regard to posterior fusion at C2-3, MTUS does not specifically address posterior fusion, therefore, alternative guidelines were referenced. A posterior cervical fusion is currently under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. In this case, this is a 63-year-old male with a 1972 date of injury with a complex history of cervical spinal surgery. The patient has had persistent symptoms of low neck pain despite all interventions to date. However, the patient has no radicular complaints, and there is no recent physical exam. In addition, there are no focal neurological deficits with regard to cervical myotomes and dermatomes on his other physical exams. Given the lack of objective findings, the request for anterior discectomy & fusion at C7-T1, posterior instrumentation at C7-T1, and posterior fusion at C2-3 was not medically necessary.

PRE OPERATIVE MEDICAL 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: As the request for surgery was not medically necessary, the request for pre operative medical clearance was also not 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 cite any medical evidence for its decision.

Decision rationale: As the request for surgery was not medically necessary, the request for an assistant surgeon was also not medically necessary.

ONE NECK BRACE: 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: As the request for surgery was not medically necessary, the request for a neck brace was also not medically necessary.