

Case Number:	CM14-0002339		
Date Assigned:	01/24/2014	Date of Injury:	03/05/2010
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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 50-year-old, who sustained a neck injury in a work related accident on March 5, 2010. The records provided for review noted that the claimant was status post a C5-6 fusion procedure; date not provided. The November 4, 2013 follow up visit with [REDACTED] noted complaints of neck pain. Physical examination showed tenderness of the cervical spine, dysesthesias in a C6-7 dermatomal distribution, restricted cervical range of motion and spasm. There was no documentation of other radicular findings noted. Operative intervention in the form of removal of prior hardware at the C5-6 level with revision fusion at the C3-4 through C6-7 level was recommended. Postoperative imaging report of a June 6, 2013 MRI of the cervical spine showed evidence of the prior fusion at C5-6 with left sided C5 nerve compression, an osteophyte formation and disc desiccation noted at C3-4 and C6-7 but no indication of nerve root compression or compromise. The electrodiagnostic studies performed on October 29, 2013 showed no evidence of an acute radicular process.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 REMOVAL OF CERVICAL SPINE HARDWARE WITH INSPECTION OF FUSION MASS AND POSSIBLE RE GRAFTING ALONG C3-4, 4-5, C6-7, ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE AND REALIGNMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 8 (NECK AND UPPER BACK) (SURGICAL CONSIDERATION),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180.

Decision rationale: Based on the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, the request for prior hardware removal with a revision fusion procedure from C3-4 through C6-7 would not be indicated as medically necessary. The claimant's diagnostic imaging including electrodiagnostic studies and MRI scan fail to demonstrate compressive pathology at the four requested levels for surgical intervention. The lack of documentation of compressive clinical pathology or physical examination findings clinically correlating with radicular processes at the C3-C4 through C6-C7 level would fail to support the acute need of revision surgery being recommended. The request for a C5-C6 removal of cervical spine hardware with inspection of fusion mass and possible re grafting along C3-C4, C4-C5, C6-C7, anterior cervical discectomy with implantation of hardware and realignment is not medically necessary or appropriate.

MINERVA MINI COLLAR #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 8 (NECK AND UPPER BACK) (SURGICAL CONSIDERATION),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

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

MIAMI J COLLAR WITH THORACIC EXTENSION # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

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

BONE STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 8 (NECK AND UPPER BACK) (SURGICAL CONSIDERATION),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2014 Updates: low back procedure - Bone growth stimulators (BGS) Under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). (Mooney, 1990) (Mark

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

INPATIENT STAY FOR TWO TO THREE (2-3) DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 8 (NECK AND UPPER BACK) (SURGICAL CONSIDERATION),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical - Hospital length of stay (LOS). Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique) Actual data -- median 1 day; mean 2.2 days (± 0.1); discharges 161,761; charges (mean) \$50,653 Best practice target (no complications) -- 1 days.

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

CO- SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 8 (NECK AND UPPER BACK) (SURGICAL CONSIDERATION),

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21742 to 22849) CPT® Y/N Description 22551 Y Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 22552 Y Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophy

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