

<b>Case Number:</b>	CM14-0003956		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/06/2004
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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, 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 53-year-old female patient with a 5/6/04 date of injury. 12/5/13 progress report indicates persistent neck pain and pseudoarthrosis. The patient underwent two previous Anterior cervical discectomy and fusion (ACDF) procedures at C5-6 and C6-7 in 2006 and 2007. The patient has a heavy history of nicotine abuse and has developed pseudoarthrosis. The patient has developed adjacent segment disease, moderate, at the C4-5 level, although this is described as minimal. Physical exam demonstrates some numbness and tingling in the arms, bilateral deltoid and biceps weakness. Plain films were reviewed, suggesting pseudoarthrosis at C5-6 and C6-7 with lucency between the graft and the endplates. The requesting provider identifies that he will not perform the surgery unless the patient were to quit smoking. 7/28/12 cervical MRI (magnetic resonance imaging) demonstrates, at C4-5, unremarkable findings; at C5-6, status-post fusion without evidence of canal stenosis or neural foraminal narrowing; and, at C6-7, previous fusion without evidence of canal stenosis or neural foraminal narrowing. There is documentation of her previous 12/17/13 adverse determination for lack cough pseudoarthrosis, nonunion or hardware failure and the development of new clinical symptoms that would correspond to radiographic changes adjacent to the level of a previous spinal fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C7 ACDF/ACI:** 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) Neck and Upper Back Chapter,

**MAXIMUS 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) Neck and Upper Back Chapter, ACDF

**Decision rationale:** The 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, the Official Disability Guidelines (ODG) states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. However, the formal MRI (magnetic resonance imaging) report is negative for pseudoarthrosis and negative for recurrent neurocompressive lesions. In addition, the requesting provider indicates that the patient is a heavy smoker and he would not operate on the patient unless she stopped smoking. There is no evidence that the patient has quit smoking. Therefore, the request for C4-C7 ACDF/ACI is not medically necessary.

**ONE (1) DAY INPATIENT STAY:** 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) Neck and Upper Back Chapter,

**MAXIMUS 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) Neck and Upper Back Chapter,

**Decision rationale:** The dependent request for C4-C7 ACDF/ACI was deemed not medically necessary. Therefore, the associated request for one day inpatient stay is also not medically necessary.

**ASSISTANT SURGEON:** 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): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, ACDF

**Decision rationale:** The dependent request for C4-C7 ACDF/ACI was deemed not medically necessary. Therefore, the associated request for an assistant surgeon is also not medically necessary.

**CERVICAL COLLAR (FOR PURCHASE POST SPINAL FUSION):** 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), Neck and Upper Back Chapter.

**MAXIMUS 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), Neck and Upper Back Chapter.

**Decision rationale:** The dependent request for C4-C7 ACDF/ACI was deemed not medically necessary. Therefore, the associated request for a cervical collar is also not medically necessary.

**PHYSICAL THERAPY POST SPINAL FUSION (3 TIMES PER WEEK FOR 6 WEEKS):**  
Upheld

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

**MAXIMUS 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), Neck and Upper Back Chapter.

**Decision rationale:** The dependent request for C4-C7 ACDF/ACI was deemed not medically necessary. Therefore, the associated request for physical therapy post spinal fusion (three times per week for six weeks) is also not medically necessary.