MAXIMUS Federal Services

Case Number:	CM14-0009154		
Date Assigned:	02/14/2014	Date of Injury:	02/17/2002
Decision Date:	09/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 48 year old female with a 2/17/02 injury date. The mechanism of injury is not provided. In a 12/6/13 follow-up, the patient notes progressive neck pain and difficulty swallowing. The neck pain radiates to the right arm and is associated with numbness and tingling. The patient is currently not taking any medication. The patient has a history of a prior ACDF at C4-5 and C5-6 in 2005 and 2002, respectively. Objective findings include loss of cervical lordosis, a well-healed vertical right-sided incision, moderate posterior neck and trapezius tenderness, restricted cervical range of motion, intact motor and reflex examination, and diminished sensation over the right upper extremity (distribution not described). Cervical x-rays and CT were described by the treating physician as showing evidence of loosening of the cervical plate at C4-5, plate impingement upon the esophagus, no bony fusion across C4-5, solid appearing C5-6 fusion, and moderate to severe degenerative disc disease at C6-7 with anterior osteophytes. Diagnostic impression: status post prior ACDF at C4-5 and C5-6 with failed fusion at C4-5; loosening and plate migration; degenerative disc disease and spondylosis at C6-7 with foraminal stenosis.Treatment to date: C4-5 ACDF (2005), C5-6 ACDF (2002)A prior UR decision on 12/23/13 denied the request for revision ACDF surgery on the basis that, given the lack of CT and x-ray reports, there was not enough information to establish medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Explantation of the cervical plate at C4-5 with repeat anterior discectomy and fusion at this level with implantation of a fusion cage and intervertebral screws, inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180.

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: 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. In the present case, the previous UR physician was requesting to see previous CT scan and x-ray reports. There are still no such reports provided. Since the pathology noted by the treating physician cannot be verified by the imaging reports at this time, the proposed surgical treatment cannot be certified. Therefore, the request for Explantation of the cervical plate at C4-5 with repeat anterior discectomy and fusion at this level with implantation of a fusion cage and intervertebral screws, inpatient, is not medically necessary.

Anterior cervical discectomy and fusion with implantation of cervical cage with intervertebral screws at the C6-7 level , which would entail removal of the anterior osteophytes for decompression of the esophagus, inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180.

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): Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: 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. In the present case, the previous UR physician was requesting to see previous CT scan and x-ray reports. There are still no such reports provided. Since the pathology noted by the treating physician cannot be verified by the imaging reports at this time, the proposed surgical treatment cannot be certified. Therefore, the request for Anterior cervical discectomy and fusion with implantation of cervical cage with intervertebral screws at the C6-7 level, which would entail removal of the anterior osteophytes for decompression of the esophagus, inpatient, is not medically necessary.

Bilateral foraminotomy for nerve root decompression at both levels, inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 and 180.

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: 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. In the present case, given the noncertification of the primary procedure, the foraminotomy is not medically necessary. Therefore, the request for Bilateral foraminotomy for nerve root decompression at both levels, inpatient, is not medically necessary.

1-2 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 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.

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

Pre-op labs: 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.

Pre-op electrocardiogram (EKG): 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.

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 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-op physical therapy, 3x6 weeks: 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.