

Case Number:	CM14-0009234		
Date Assigned:	02/14/2014	Date of Injury:	08/20/2010
Decision Date:	06/24/2014	UR Denial Date:	01/20/2014
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, has a subspecialty in Hand 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 patient is a 58-year-old female injured in a work-related accident on August 20, 2010. The records available for review noted that she tripped and fell, hitting her head against a wall, and that she reported acute low back and neck complaints. Since the date of injury, the patient has undergone C3-4 and C4-5 decompressive surgery to the cervical spine. Plain film radiographs dated June 25, 2012, showed the prior cervical fusion at the above-mentioned levels. Plain film radiographs taken in late 2012 showed no loosening at the C3-4 and C4-5 levels. A follow-up note dated January 13, 2014, documents continued neck and low back pain. Physical examination showed restricted cervical range of motion with equivocal Spurling's test, diminished sensation to light touch to the entire left upper extremity and tenderness to palpation over the cervical spine and trapezius muscle. The records do not document additional imaging of the cervical spine. The records do not contain any evidence of failure at the C4-5 level. This request is for C4-5 posterior fusion, internal spinal fixation and an external bone growth stimulator for post-operative application.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 POSTERIOR FUSION W/INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, a revision fusion procedure to be performed posteriorly at the C4-5 level would not be indicated in this case. The reviewed imaging studies and physical examination findings do not document failure of the prior fusion at C4-5. Absent evidence of instability or failure of the fusion, the acute need for revision surgery would not be supported as medically necessary.

INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: The request for revision of the posterior cervical fusion at C4-5 is not recommended as medically necessary. Therefore, the request for internal spinal fixation is not medically necessary.

EXTERNAL BONE 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), Neck Chapter, Fusion, Posterior Cervical.

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 Updates: Low Back Procedure, Bone Growth Stimulators (BGS).

Decision rationale: The request for revision of the posterior cervical fusion at C4-5 is not recommended as medically necessary. Therefore, the request for an external bone growth stimulator is not medically necessary.