

Case Number:	CM14-0106665		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2012
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 New York. 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 has chronic neck pain. The patient underwent C6-7 Anterior Cervical Discectomy and Fusion with partial vertebral body excision in August 2012. MRI the cervical spine from February 2014 reveals posterior fusion with an anterior plate screw apparatus at C6-7. There is 2 mm retrolisthesis at C5-6. Electrodiagnostic study from February 2014 reveals mild bilateral carpal tunnel syndrome. Patient had epidural steroid injection. The patient has also right shoulder pain. Examination of cervical spine shows tenderness in painful range of motion of the neck. Patient has had conservative measures including activity modification, physical therapy, and pain management. Patient had 50 physical therapy sessions. At issue is whether revision cervical surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware at the level of C6-7 with inspection of fusion and possible regrafting if deemed necessary, as well as C4-C6 anterior cervical microdiscectomy with implantation of hardware and realignment of junctional kyphotic deformity and the listhesis that is present.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 183. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment Workers Compensation) Neck and Upper Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, pages 186-187 and ODG-TWC (Official Disability Guidelines-Treatment Workers Compensation) Neck and Pain Chapter.r.

Decision rationale: This patient does not meet criteria for revision cervical surgery. Specifically, there is no documentation of failure fusion, failure of hardware, or severe cervical spinal stenosis. The patient does not have signs or symptoms of cervical myelopathy. Physical examination does not document specific radiculopathy. There is no correlation between the patient's physical examination and imaging studies showing specific neurologic deficit related to compression of the nerve root or the spinal cord. In addition, there is no documented instability in the cervical spine. Established criteria for revision cervical spine surgery not met and therefore not medically necessary.

Cervical collar, Minerva collar #1 and Miami J collar with thoracic extension #1, bone stimulator: 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.

Medical clearance internist: 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.

2-3 days 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.