

Case Number:	CM14-0107088		
Date Assigned:	09/16/2014	Date of Injury:	09/14/2000
Decision Date:	11/26/2014	UR Denial Date:	06/19/2014
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, has a subspecialty in Spine Fellowship Trained 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:

According to the records made available for review, this is a 58-year-old male with a 9/14/00 date of injury. At the time (6/19/14) of request for authorization for C3-T1 laminectomies, bilateral foraminotomies supplemented by a C3-T2 posterior segmental fusion with 1-2 day inpatient hospital stay, pre op medical clearance with an Internist, and post op physical therapy X 24 visits neck, there is documentation of subjective (neck pain, bilateral wrist and hand pain) and objective (marked deformity of the upper extremities and joint secondary to rheumatoid arthritis, limited range of motion with flexion, extension, and rotation of the neck, 5/5 muscle strength in the upper extremities, sensation intact) findings, imaging findings (cervical spine MRI (2/11/14) report revealed multilevel 2-3 mm posterior disc protrusions from C2-3 inferiorly through T2-3 with varying degree of central canal and neuroforaminal stenosis, mild ventral cord effacement at C6-7 where there is mild to moderate central canal stenosis; multilevel neuroforaminal stenosis throughout the cervical spine with uncovertebral and facet joint degenerative changes, mild to moderate degree of degenerative disc disease from C2-3 inferiorly through C7-T1 and involving the four upper thoracic disc spaces, and mild scoliosis of the cervical spine; C3-4, C4-5, C5-6, and C7-T1 moderate to severe central canal stenosis; T1-2 and T2-3 moderate central canal stenosis), current diagnoses (severe multilevel cervical stenosis and cervical spine cord compression), and treatment to date (aquatic therapy, chiropractic, epidural steroid injections, and activity modification). There is no documentation of persistent, severe, and disabling shoulder or arm symptoms and activity limitation for more than one month or with extreme progression of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-T1 Laminectomies, Bilateral Foraminotomies Supplemented By A C3-T2 Posterior Segmental Fusion With 1-2 Day Inpatient Hospital 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: Neck and Upper Back Chapter: Fusion, posterior cervical

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, Fusion, posterior cervical

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies posterior cervical fusion is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. Within the medical information available for review, there is documentation of diagnoses of severe multilevel cervical stenosis and cervical spine cord compression. In addition, given documentation of MRI findings consistent with C3-4, C4-5, C5-6, and C7-T1 moderate to severe central canal stenosis; T1-2 and T2-3 moderate central canal stenosis, there is documentation of clear imaging evidence. Furthermore, there is documentation of unresolved symptoms after receiving conservative treatment. However, despite documentation of neck pain and bilateral wrist and hand pain, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms. In addition, there is no documentation of activity limitation for more than one month or with extreme progression of symptoms. Therefore, based on guidelines and a review of the evidence, the request for C3-T1 laminectomies, bilateral foraminotomies supplemented by a C3-T2 posterior segmental fusion with 1-2 day inpatient hospital stay, pre op medical clearance with an Internist, and post op physical therapy X 24 visits neck is not medically necessary.

Pre Op Medical Clearance With An Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter: Fusion, posterior cervical

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 X 24 Visits Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter: Fusion, posterior cervical

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.