

Case Number:	CM14-0019643		
Date Assigned:	04/30/2014	Date of Injury:	08/09/2011
Decision Date:	08/19/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 56-year-old male who had an injury on February 7, 2011. He was treated with C5-C6 partial corpectomy C5-C6 ACDF February 2012. The patient continues to have neck pain radiating to the left that with numbness. Physical examination reveals posterior cervical tenderness and decreased range of motion. There is no documentation of upper extremity weakness. There is no documentation clinical evidence of progressive cervical myelopathy or radiculopathy. CT scan shows severe spinal stenosis at C5-C6. He also has grade 1 L4-5 degenerative spondylolisthesis in his low back. Treatment to date includes physical therapy and medications. At issue is whether revision surgery at C5-C6 to remove the interbody device and performed a decompressive and fusion surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: revision ar C5-6 to consist of removal of stand alone device & decompression to be performed at [REDACTED]: 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), regarding decompression, discectomy - laminectomy - laminoplasty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: Specifically, the physical exam findings do not correlate with the MRI imaging findings. The patient is not myelopathic. The patient does not have documented specific radiculopathy. No imaging study document instability. The patient does have documented C5-C6 cervical canal stenosis, but there is no physical exam findings demonstrating progressive cervical spondylotic myelopathy or specific symptomatology from the C5-6 spinal stenosis to warrant surgical treatment. In addition, there are no red flag indicators for spinal decompression fusion surgery such as progressive neurologic deficit, fracture, or concern for tumor. Guidelines for cervical decompression and fusion surgery are not met. As such, the request for surgery: revision C5-6 to consist of removal of standalone device & decompression to be performed at [REDACTED] is not medically necessary and appropriate.

Surgery: Anterior Partial Corpectomy at C5-6: 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), regarding decompression, discectomy - laminectomy - laminoplasty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: Based on the medical records provided for review, the physical exam findings do not correlate with the MRI imaging findings. The patient is not myelopathic. The patient does not have documented specific radiculopathy. No imaging study document instability. The patient does have documented C5-C6 cervical canal stenosis, there is no physical exam findings demonstrating progressive cervical spondylotic myelopathy or specific symptomatology from the C5-6 spinal stenosis to warrant surgical treatment. In addition, there are no red flag indicators for spinal decompression fusion surgery such as progressive neurologic deficit, fracture, or concern for tumor. Therefore, the request for surgery: anterior partial corpectomy at C5-6 is not medically necessary and appropriate.

Surgery: anterior structural autograft fusion at C5-6: 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, anterior cervical fusion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: Based on the medical records provided for review, the physical exam findings do not correlate with the MRI imaging findings. The patient is not myelopathic. The patient does not have documented specific radiculopathy. No imaging study document instability. The patient does have documented C5-C6 cervical canal stenosis, there is no physical exam findings demonstrating progressive cervical spondylotic myelopathy or specific symptomatology from the C5-6 spinal stenosis to warrant surgical treatment. In addition, there

are no red flag indicators for spinal decompression fusion surgery such as progressive neurologic deficit, fracture, or concern for tumor. Therefore, the request for surgery: anterior structural autograft fusion at C5-6 is not medically necessary and appropriate.

Surgery: anterior instrumentation at C5-6: 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), regarding decompression, discectomy - laminectomy - laminoplasty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 179.

Decision rationale: Based on the medical records provided for review, the physical exam findings do not correlate with the MRI imaging findings. The patient is not myelopathic. The patient does not have documented specific radiculopathy. No imaging study document instability. The patient does have documented C5-C6 cervical canal stenosis, there is no physical exam findings demonstrating progressive cervical spondylotic myelopathy or specific symptomatology from the C5-6 spinal stenosis to warrant surgical treatment. In addition, there are no red flag indicators for spinal decompression fusion surgery such as progressive neurologic deficit, fracture, or concern for tumor. Therefore, the request for surgery: anterior instrumentation at C5-6 is not medically necessary and appropriate.

DME: aspen collar: 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: Cervical Collar.

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.

DME: Philadelphia collar: 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: Cervical Collar.

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: lab work, EKG: 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)- Preoperative Testing (E.G., chest radiography, electrocardiography, laboratory testing, urinalysis).

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.