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| Case Number: | CM14-0117941 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/13/1993 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/25/2014 |

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 Neurological 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 injured worker is a 52 year-old female who was reportedly injured on 8/13/1993. The mechanism of injury is noted as a trip and fall. The most recent progress note dated 6/27/2014, indicates that there are ongoing complaints of neck pain that radiates in the bilateral shoulders and down to the right upper extremity. The physical examination demonstrated cervical spine: previous surgical incisions are noted. Positive tenderness to palpation throughout bilateral trapezius area limited range of motion. Positive neural foraminal compression test bilaterally. Thoracic spine: surgical incision noted. Positive tenderness. Lumbar spine: surgical incision noted. Positive diffuse tenderness throughout the lumbar spine. Positive sacroiliac tenderness, positive sciatic notch tenderness, limited range of motion. Lower and upper extremity muscle strength 4/5 bilaterally. Sensation intact bilateral upper/lower extremities. Diagnostic imaging studies magnetic resonance image of the cervical spine dated 4/5/2014 shows prior cervical fusions C3-C7. Anterolisthesis C7 on T1, disc protrusions at T1-T2 and T2-T3. Previous treatment includes previous cervical spine surgery, spinal cord stimulator placement, medications and physical therapy. A request was made for 3 level cervical fusion at C7-T3 and was not certified in the pre-authorization process on 7/8/2014.8956

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 3-level fusion, C7-T3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Cervical and Thoracic Spine Disorders. Clinical Measures: Surgical Considerations-Spinal Fusion(electronically cited).

Decision rationale: American College of Occupational and Environmental Medicine recommendations support discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate nonoperative treatment. The record provides a clinical presentation that supports surgical intervention, as the record indicates that the claimant has been provided conservative care including pharmacotherapy, physical therapy, and cervical epidural injection and previous surgeries. After review of the medical records it is noted the claimant is a daily smoker, who is obese and hypertensive. Please note there is increased risk of surgical failure with smokers, this is a patient who has had 7 previous cervical surgeries. Current recommendations are smoking cessation for 6 weeks prior to date of surgery. Therefore this request is deemed not medically necessary.