

Case Number:	CM14-0122903		
Date Assigned:	08/08/2014	Date of Injury:	08/17/2008
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 claimant is a 35-year-old female who sustained a neck injury on August 17, 2008, after lifting a heavy patient. The records available for review document that after a course of conservative care, the claimant underwent anterior cervical discectomy and fusion at levels C5 through C7 in March 2012. Postoperatively, the claimant continued to report pain. An MRI report dated December 6, 2013, showed fused levels at the C5-6 and C6-7 with facet hypertrophy at level C3-4. Postoperatively, conservative treatment has included facet joint injections and medication management. The report from a June 19, 2014, re-evaluation described continued neck pain with motion. Physical examination showed equal and symmetrical reflexes with diminished sensation in the left hand and motor strength weakness at 4+/5 diffusely. A May 30, 2014, CT scan showed hardware failure at the left C5 level with subsidence of cage placement. Evidence of pseudoarthrosis at level C5-6 was noted. This request is for revision fusion at levels C4 through C7, to be performed both anteriorly and posteriorly, and a two-day inpatient hospital stay postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 Redo anterior and posterior fusion (revision of the anterior cervical hardware, decompression and stabilization of the adjacent level at C4-5): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical.

Decision rationale: California MTUS ACOEM Guidelines and Official Disability Guidelines would both support the request for C4-C7 redo over Anterior and Posterior Fusion (revision of the anterior cervical hardware, decompression and stabilization of the adjacent level at C4-5). The medical records, which include recent imaging, document failed hardware and pseudoarthrosis. Given confirmation of the diagnosis on imaging and the claimant's clinical presentation, this request would be established as medically necessary.

Posterior cervical decompression including laminectomy and foraminotomy and posterior instrumented fusion from C4-7) to be done at [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical.

Decision rationale: California MTUS ACOEM Guidelines and Official Disability Guidelines would both support this portion of the revision surgery. The reviewed records, which include recent imaging, document failed hardware and pseudoarthrosis. Given confirmation of the diagnosis on imaging and the claimant's clinical presentation, this request would be established as medically necessary.

Two day inpatient hospital stay: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: neck procedure - Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique).

Decision rationale: California MTUS ACOEM Guidelines do not provide criteria relevant to this request. Under Official Disability Guidelines criteria, a two-day inpatient stay postoperatively would be established as medically necessary given the nature of this claimant's surgery.

