

Case Number:	CM14-0123233		
Date Assigned:	08/08/2014	Date of Injury:	03/29/2011
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
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 Spine Surgeon and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 03/29/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included chiropractic care, physical therapy, activity modifications, and medications. The injured worker's surgical history included anterior cervical decompression and fusion at the C6-7 level. The injured worker underwent an MRI of the cervical spine on 05/20/2014 that documented that there was evidence of a previous fusion at the C6-7 with a very minimal disc bulge at the C5-6, with no evidence of significant cervical stenosis or abnormal signal. The injured worker was evaluated on 07/11/2014. It was documented that the injured worker had persistent right sided pain in the neck, elbow, and wrist. Physical findings included tenderness to palpation of the upper trapezius and paraspinal musculature with painful range of motion and a positive Spurling's sign. It was noted that the injured worker had neurological deficits in the right C6 distribution. The injured worker's diagnoses included cervical spine herniated disc, status post right shoulder injury, and status post right shoulder carpal tunnel release. The injured worker's treatment plan included continued sleep aid and Percocet with revision, with bone graft. A Request for Authorization dated 07/14/2014 for surgical intervention and refill of medications was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Revision with Interbody Arthrodesis, Removal of Interbody Graft, Bone Graft Replacement and Reapplication of Plate at the Levels of C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013, Neck & Upper Back, Fusion, Cervical.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The requested anterior cervical revision with interbody arthrodesis, removal of interbody graft, bone graft replacement, and reapplication of plate at the levels of C6-7 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints and underwent fusion surgery. The American College of Occupational and Environmental Medicine do not recommend fusion surgery in the absence of instability. The clinical documentation submitted for review does not provide any abnormalities at the C6-7 level to support the need for additional surgical intervention. There is no evidence of pseudoarthrodesis or hardware dysfunction to support the need for further surgical intervention. Official Disability Guidelines do not recommend hardware removal unless all other pain generators have been ruled out and there is diagnostic evidence such as a hardware block to support that the injured worker's hardware is the pain generator. Clinical documentation submitted for review does not provide any evidence that any other pain generators have been ruled out, and the need for revision surgery at the C6-7 level is needed. As such, the requested anterior cervical revision with interbody arthrodesis, removal of interbody graft, bone graft replacement, and reapplication of plate at the levels of C6-7 is not medically necessary or appropriate.