

Case Number:	CM14-0133260		
Date Assigned:	08/22/2014	Date of Injury:	02/05/2002
Decision Date:	09/19/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 patient is a 55-year-old who suffers from neck pain radiating to the bilateral upper extremities. The patient had cervical discectomy and fusion at C5-C6 and C6-7. The patient continues to have neck pain. The patient takes Motrin and Lidoderm patches. Physical exam shows tenderness over the cervical spine and right trapezius. There is decreased range of cervical motion. CAT scan shows C4-5 bridging bone and osseous fusion at C5-6 and 7 vertebral bodies. At issue is whether revision cervical surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of Spinal Fusion with Posterior Spinal Fusion and Instrumentation and Bilateral Laminoforaminotomy at C4-5.: Upheld

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. Decision based on Non-MTUS Citation ODG neck pain chapter.

Decision rationale: This patient does not meet establish criteria for revision cervical surgery. Specifically the CT scan does not show documented failure fusion. The medical records do not document any evidence of instability, fracture, or concern for tumor. Criteria for cervical spine

revision surgery not met. The patient also does not have documented significant neurologic deficit that clearly correlates with imaging studies showing specific compression nerve roots. Criteria for revision cervical surgery not met. Therefore, this request is not medically necessary.

2 Days Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): SURGICAL CONSIDERATIONS.

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.

Neurophysiological Spinal Monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): SURGICAL CONSIDERATIONS.

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.

Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): SURGICAL CONSIDERATIONS.

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.

Pre-Operative Appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): SURGICAL CONSIDERATIONS.

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.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): SURGICAL CONSIDERATIONS.

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.