MAXIMUS Federal Services

Case Number:	CM14-0141371		
Date Assigned:	09/18/2014	Date of Injury:	12/17/1999
Decision Date:	11/18/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/02/2014

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 claimant is a 58 year old female with an industrial injury dated 12/17/99. The patient is status post an anterior decompression and fusion of C4-5, C5-6, and C6-7. Exam note 06/30/14 demonstrates persistent neck, arm and low back pain. A CT scan of the spine demonstrates that the C3-4 hardware was now cutting into the C3-4 disc space with evidence of anterior osteophyte, along with wear and tear at C3-4. Exam note 08/20/14 states that the patient returns with low back, and neck pain. Upon physical exam the patient had spasms with a 40' flexion, 10' extension, and the straight leg raise was positive with back pain. The range of motion of the neck had a 70' flexion, 60' extension, along with positive head compression. The patient was diagnosed with chronic pain syndrome, in addition to stenosis and spondylosis at L5-S1. Treatment includes pain management program, and an anterior decompression and fusion at C3-4 followed by removal of hardware at the levels caudal.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Day in-patient stay: 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 (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck section, Hospital Length of Stay

Decision rationale: The California MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the Official Disability Guidelines, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As the request is for 3 days, the request is not medically necessary and appropriate.

Bone Graft: 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 Miller LE, Block JE. Safety and effectiveness of bone allografts in anterior cervical discectomy and fusion surgery. Spine (Phila Pa 1976). 2011 Nov15;36(24):2045-50. doi: 10.1097/BRS.0b013e3181ff37eb. Review. PubMed PMID: 21304437. Samartzis D, Shen FH, Matthews DK, Yoon ST, Goldberg EJ, An HS. Comparison of allograft to autograft in multilevel anterior cervical discectomy and fusion with rigid plate fixation. Spine J. 2003 Nov-Dec;3(6):451-9. PubMed PMID: 1

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines are silent on the issue of graft for anterior cervical discectomy and fusion. Alternative guidelines were then sought. The use of bone allografts have been shown to demonstrate similar improvements in pain, function and quality of life with low adverse event rates and similar fusion rates. Therefore the request is medically necessary for bone allograft for the proposed anterior cervical discectomy and fusion. This review presumes that a surgery is planned and will proceed.