

Case Number:	CM14-0163110		
Date Assigned:	10/08/2014	Date of Injury:	03/03/2011
Decision Date:	10/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Orthopedics and is licensed to practice in New York. 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 52-year-old female with a date of injury of March 3, 2011. The patient has chronic neck pain. The patient had C3-4 and C6-7 total disc replacements and C4-C6 Anterior cervical discectomy and fusion surgery performed in August 2010. The medical records do document dysphagia that has been chronic. The medical records do not document specific radiculopathy. Physical examination shows a well healed cervical scar and tenderness to the paravertebral cervical muscles and trapezial spasms. There is normal upper extremity strength and sensation. There is no clinical evidence of instability. X-rays from September 2014 reveal cervical plate and screw fixation at C4-5 with broken screws at C6. Imaging studies do not clearly document failure fusion. The X-rays from April 2014 show hardware failure but solid bone incorporation and fusion at C4-C6. Cervical magnetic resonance imaging (MRI) from March 2013 revealed extensive fusion with no evidence of recurrent stenosis. At issue is whether revision cervical spine surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C6 Removal of the Cervical Spinal Hardware W/ Inspection of Fusion Mass and Repair of Pseudoarthrosis if found Intraoperative: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, ODG neck pain chapter

Decision rationale: The patient does not meet criteria for revision cervical spine surgery. Specifically the radiographs do not clearly document failure fusion. There is no documentation of abnormal motion or instability. There is no documentation from the radiologist of failure fusion. Cervical magnetic resonance imaging (MRI) does not show any evidence of recurrent stenosis. The patient has been reporting dysphagia as far back as May 2013 prior to reported hardware failure at C6. There is no indication of increased neck pain in the medical records since July 2012. There is no correlation between the patient's broken screws and the patient's neck pain or dysphagia from a clinical standpoint. There is no indication the patient isn't on any other diagnostic studies to assess the actual cause of the patient's reported dysphasia. The patient has not undergone the hardware block to determine whether the hardware is painful. Criteria for revision surgery not met. There is no documentation of the CAT scan shown failure fusion. There is no documentation of additional ENT workup assessing the cause of dysphasia.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule CPT Code 27447 <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

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.

Medical Clearance with Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule 1999 Edition pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2-3 Inpatient Hospital 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 Hospital Length of Stay (LOS) Guidelines

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.