

Case Number:	CM14-0167115		
Date Assigned:	10/14/2014	Date of Injury:	04/17/2008
Decision Date:	11/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 Physical Medicine & Rehabilitation, 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 a 43-year-old male who reported an injury on 04/17/2008. The injured worker's treatment history included physical therapy, chiropractic care, shoulder surgery, multiple medications, and psychiatric support. The injured worker underwent electrodiagnostic studies in 04/2014 that did not identify any significant abnormalities. The injured worker underwent psychological treatment. The most recent clinical note from that treatment was dated 08/08/2014. It was noted that the injured worker had increased depressive symptoms. The most recent physical evaluation of the patient was provided on 08/29/2014. It was noted that the injured worker had significant neck pain rated at 7/10. Objective findings included restricted range of motion of the cervical spine secondary to pain, with tenderness to the bilateral paraspinal region. The injured worker had decreased sensation in the C5-6 and C7-8 dermatomal distributions of the left upper extremity with decreased strength secondary to pain. The patient had decreased reflexes bilaterally of the left lower extremities. It was noted that the injured worker had undergone a CT scan on 09/27/2013 that noted there was adjacent segment disease above the fused level. The injured worker's diagnoses included status post anterior cervical decompression and fusion at the C6-7, status post left shoulder arthroscopy, right shoulder pain, possible pseudoarthrosis at the C6-7 fusion. A request was made for revision at the C6-7 with fusion at the C5-6. A Request for Authorization dated 08/29/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 anterior cervical removal of hardware, exploration fusion, possible revision fusion C6-C7, anterior cervical decompression and fusion C5-C6, possible fusion C6-C7 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Fusion, anterior cervical

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

Decision rationale: The requested decision for 1 anterior cervical removal of hardware, exploration fusion, possible revision fusion at the C6-C7, anterior cervical decompression and fusion at the C5-C6, and possible fusion at the C6-C7 with instrumentation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have evidence of instability on an imaging study. The clinical documentation submitted for review does indicate that the injured worker had previously undergone a CT scan that identified adjacent segment disease. However, this was not provided for review. Additionally, it is noted that the patient is under psychiatric treatment. There is no documentation that the patient has had psychiatric clearance for surgery. The American College of Occupational and Environmental Medicine recommends psychiatric evaluation prior to surgical intervention to the spine. Additionally, there was no documentation that the patient requires revision surgery at the C6-7 level. No imaging study was provided to support a non-fusion at that level. As such, the requested 1 anterior cervical removal of hardware, exploration fusion, possible revision fusion at the C6-C7, anterior cervical decompression and fusion at the C5-C6, with possible fusion at the C6-C7 with instrumentation is not medically necessary or appropriate.

1 pre-op clearance labs (chem panel, CBC, UA, PTT, PT, and T&S): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33p. [37 references] and on the Non-MTUS Risk assessment for and strategies to reduce perioperative pulmonary complications for patients undergoing noncardiothoracic surgery: a guideline from the American College of Physicians. American College of Physicians - Medical Specialty Society. 2006 Apr 18. 6 pages. NGC:004939

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1 EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence, methods, & guidance. National Collaborating Centre for Acute Care - National Government Agency [Non-U.S.]. 2003 Jun. 30 pages. NGC:003552

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1 chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.