

Case Number:	CM14-0172674		
Date Assigned:	10/23/2014	Date of Injury:	01/12/2010
Decision Date:	11/25/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 a 46-year-old female who reported an injury on 01/12/2010 due to unspecified cause of injury. The injured worker complained of neck pain. The injured worker underwent an anterior cervical discectomy with fusion on 01/17/2011. The injured worker complained of ongoing neck pain with a diagnosis of pseudarthrosis at the C6-7 cervical level. The diagnostics included a CT scan that revealed a fusion at the level of C6-7 with posterior osteophytosis. No disc herniation, no central canal or neural foramina. The unofficial MRI of the cervical spine, dated 04/29/2014, did not disclose any significant foraminal narrowing. The medications included Tramadol, Mobic, gabapentin and Hydrocodone. Overall pain level was a 6/10 using the Visual Analog Scale (VAS). The objective findings, dated 09/24/2014, of the cervical spine revealed active voluntary range of motion was guarded at the neck for neck motion. Motor examination revealed normal major muscles groups of the upper extremities, sensory examination was normal with light touch. The injured worker had full range of motion in all major joints of the upper extremities without pain. The treatment plan included a posterior hardware removal at C6-7, anterior C6-7 cervical discectomy and fusion with instrumentation with assistant surgeon, and intra-op spinal cord monitor 23 hour stay. The Request for Authorization, dated 10/23/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior hardware removal at C6-7, Anterior C6-7 cervical discectomy and fusion w/ instrumentation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC, Section: Neck and Upper Back and ACOEM - acoempracguides-org-Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, Anterior Cervical

Decision rationale: The California MTUS/ACOEM states that a surgical criterion includes that surgery are within the first 3 months of onset of acute neck and upper back symptoms. However, consider surgery if only the following are detected: severe spinal vertebrae pathology and severe debilitating symptoms with psychological evidence of specific nerve root and spinal cord dysfunction corroborated with appropriate imaging studies that do not respond to conservative therapy. A disc herniation, characterized by protrusion by a central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical or upper thoracic disc on imaging study; however, does not necessarily imply a nerve root dysfunction. Furthermore, the Official Disability Guidelines (ODG) states pseudarthrosis is recognized as an etiology of continued cervical pain and unsatisfactory outcome. Treatment options include a revision anterior approach versus a posterior approach. Regardless of the approach, there is a high rate of continued moderate to severe pain, even after solid fusion is achieved. The injured worker has noted persistent pain in the neck with radiating pain to the shoulder. The clinical findings indicated the cervical spine was very guarded with neck motion and the injured worker complained of moderate pain to the extremities in motion. However, the motor examination was within normal limits of all major upper extremity groups and sensory examination was normal with light touch. The documentation provided indicated that the injured worker did not have posterior fusion, unclear what hardware would be removed. The injured worker only had documentation of anterior hardware. The CT scan did not show a solid fusion with the anterior hardware. As such, the request is not medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, Anterior Cervical

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

Intra op spinal cord monitor 23 hours stay: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, Anterior Cervical

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