

Case Number:	CM14-0179989		
Date Assigned:	11/04/2014	Date of Injury:	09/17/2010
Decision Date:	12/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Surgery and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported a repetitive strain injury on 09/17/2010. The current diagnoses include status post C4-7 hybrid reconstruction, status post removal of cervical hardware, status post L4-S1 posterior lumbar interbody fusion, retained symptomatic lumbar spinal hardware, bilateral carpal tunnel syndrome/double crush, right cubital tunnel syndrome, rule out internal derangement of the bilateral hips, and plantar fasciitis. The injured worker presented on 07/14/2014 with complaints of constant pain in the cervical spine with radiation into the upper extremities and associated headaches. The injured worker is status post C5-7 hardware removal on 07/13/2013 and L4-S1 fusion in 04/2013. Previous conservative treatment is noted to include physical therapy, medication management, epidural steroid injections, chiropractic treatment, and TENS therapy. The physical examination revealed limited and painful range of motion of the cervical spine, tenderness over the left side of the cervical spine extending into the left upper extremity, a positive axial loading compression test, a positive Spurling's maneuver, a radicular pain pattern in the medial forearm and hand, and a radicular pain pattern in the anterolateral shoulder and arm. Flexion and extension dynamic radiographs of the cervical spine reportedly revealed mild anterolisthesis at the lower portion of the total disc replacement. Treatment recommendations at that time included C4-5 inspection of total disc and removal with subsequent anterior cervical discectomy and fusion at C4-5 as well as inspection of fusion mass from C5-7 with possible repair of pseudoarthrosis. A Request for Authorization form was then submitted on 08/13/2014. It is noted that the injured worker underwent a CT scan of the cervical spine on 04/29/2014, which revealed evidence of the previous spinal fusion surgery at C4-5 and a 2 mm posterior osteophytic ridging at C3-4, C5-6, and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 Inspection of Total Disc and Removal and if deemed necessary due to broken state, with subsequent Anterior Cervical Discectomy and Fusion at C4-C5, as well as Inspection of Fusion Mass from C5-C7 with possible repair of Pseudoarthrosis if one is seen, including 2 to 3 days inpatient stay and:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation ODG-TWC neck & upper back

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 & Upper Back Chapter, Fusion, anterior cervical and Hospital Length of Stay (LOS).

Decision rationale: California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiological evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend anterior cervical fusion for spondylotic radiculopathy or nontraumatic instability when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and 8 weeks of conservative therapy. The hospital length of stay following an anterior cervical fusion and a cervical discectomy is 1 day. There was no documentation of spinal instability upon flexion and extension view radiographs. The request for a 2 to 3 day inpatient stay would also exceed guideline recommendations. Based on the clinical information received, the request is not medically appropriate at this time.

Associates Surgical Services: Cervical Collar purchases: Minerva mini collar #1 and Miami J Collar with Thoracic Extension #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Associates Surgical Services: Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back, bone-growth stimulator are under study.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Associates Surgical Services: Medical Clearance with an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, Pre-operative testing

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

2-3 days Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Upper Back & Neck, hospital length of stay (LOS) guidelines

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.