

Case Number:	CM14-0184562		
Date Assigned:	11/12/2014	Date of Injury:	09/23/2010
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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:

According to the records made available for review, this is a 49-year-old male with a 9/23/10 date of injury, and status post anterior cervical discectomy and fusion C6-7 4/17/12. At the time (10/28/14) of request for authorization for left C6-7 cervical fusion decompression, stabilization instrumentation, Neuro monitoring, pre-operative medical clearance, Assistant surgeon, inpatient stay 4 days, and cervical collar, there is documentation of subjective (neck pain, and posterior neck and upper thoracic pain, left-sided symptoms) and objective (limited range of motion secondary to pain, left triceps motor strength 5-/5, slightly decreased sensation left C7 distribution, absent left triceps reflex, and positive Spurling test) findings, imaging findings (cervical spine CT (8/21/14) report revealed mild degenerative disc disease with postoperative change C6-7; C6-7 moderate left neural foraminal narrowing), current diagnoses (status post cervical disc protrusion at C6-7, status post C6-7 anterior cervical discectomy and fusion 4/17/12 with good postoperative progress, improving left C7 radiculopathy, although the patient still does have some symptoms, although there is bone within the spacer, it is somewhat difficult to assess, this could represent a mild pseudoarthrosis that is still symptomatic; symptomatic left C6-7 facet stenosis causing foraminal stenosis contributing to the overall left-sided pain), and treatment to date (medications, activity modification, physical therapy, acupuncture, chiropractic, and epidural steroid injections). 10/20/14 medical report identifies a request for left C6-7 facet fusion, decompression, stabilization with implant and neuromonitoring since the patient has severe left C6-7 facet arthropathy contributing to severe stenosis as confirmed by CT scan, and that this may be contributing somewhat to the potential partial pseudoarthrosis. There is no documentation of imaging findings consistent with a potential partial pseudoarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 cervical fusion decompression, stabilization instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of status post cervical disc protrusion at C6-7, status post C6-7 anterior cervical discectomy and fusion 4/17/12 with good postoperative progress, improving left C7 radiculopathy, although the patient still does have some symptoms, although there is bone within the spacer, it is somewhat difficult to assess, this could represent a mild pseudoarthrosis that is still symptomatic; symptomatic left C6-7 facet stenosis causing foraminal stenosis contributing to the overall left-sided pain. In addition, there is documentation of persistent arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical and imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment. However, despite 10/20/14 medical's report documentation of a potential partial pseudoarthrosis, there is no documentation of imaging findings consistent with a potential partial pseudoarthrosis. Therefore, based on guidelines and a review of the evidence, the request for left C6-7 cervical fusion decompression, stabilization instrumentation is not medically necessary.

Neuro monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

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.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

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.

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 Position Statement

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.

Inpatient stay 4 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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.

Cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter

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.