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| <b>Case Number:</b>   | CM14-0021088 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 03/01/2007 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2014 |

### 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 Surgery, has a subspecialty in Spine Surgery 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 has a date of injury of March 1, 2007. The patient is a 47-year-old male with chronic neck pain. The patient had previous anterior cervical fusion. The patient has chronic dysphasia shoulder pain in addition to the knee. Physical examination shows muscle tenderness and spasm in the neck. There is limited range of cervical motion secondary to pain. Previous treatment has been with physical therapy, medications, acupuncture. Patient had previously C6-7 Anterior cervical discectomy and fusion surgery in 2003. At issue is whether revision surgery is medically necessary at this time

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **C6-C7 REMOVAL OF CERVICAL SPINAL HARDWARE WITH INSPECTION OF FUSION MASS AND POSSIBLE GRAFTING OF SCREW HOLES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL INSTITUTE OF HEALTH'S PUBMED.

**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: NECK PAIN CHAPTER-SURGERY ODG NECK PAIN CHAPTER.

**Decision rationale:** This patient does not meet establish criteria for revision surgery. Specifically, the medical records do not document that the patient has failure fusion of the previous surgery. In addition the medical records do not document any hardware breakage or screw loosening. Also, there is no clear correlation between imaging studies of the patient's physical examination. The patient has no red flag indicators for cervical fusion surgery such as fracture tumor or progressive neurologic deficit. Established criteria for cervical surgery are not met. Revision Cervical surgery is not medically necessary at this time.

**2-3 DAY INPATIENT 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 (ODG).

**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: NECK PAIN CHAPTER-SURGERY ODG NECK PAIN CHAPTER.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK PAIN CHAPTER.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**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: NECK PAIN CHAPTER-SURGERY ODG NECK PAIN CHAPTER.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

