

Case Number:	CM14-0021495		
Date Assigned:	05/07/2014	Date of Injury:	03/05/2010
Decision Date:	07/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	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 5, 2000. On March 9, 2000 and she underwent C5-C6 ACDF and fusion. She continues to have chronic neck pain. She's been treated with NSAID medication, activity modification several courses of physical therapy. MRI from September 2000 that demonstrates instrumented ACDF C5-C6. At C3-4 there is an extruded disc at C4-5 is nerve root compression. In October 2000 the patient had normal EMG and nerve conduction studies of both upper lower extremities. Physical exam from April 2013 documents cervical muscle spasm, positive axial load test, generalized weakness and numbness in the upper extremities with radicular pain right greater than left. MRI from June 2013 shows evidence of ACDF with fusion at C5-C6. At C3-4 there is a 2 mm disc protrusion at C4-5 there is a 2 mm disc protrusion. At C5-6 as evidence of fusion. At C6-7 is 2 mm disc bulge. Patient continues to have chronic neck pain and arm symptoms. At issue is whether revision cervical spine surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 REMOVAL OF CERVICAL SPINE HARDWARE WITH INSPECTION OF THE FUSION MASS AND POSSIBLE REGRAFTING ALONG WITH C3-4, C4-5, C6-7 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE AND REALIGNMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) Neck pain-surgery.

Decision rationale: This patient does not meet criteria for revision cervical spine surgery. The medical records do not document any evidence of failure fusion. In addition the patient's physical exam does not document specific radiculopathy or myelopathy. Most recent MRI imaging of the cervical spine does not document severe spinal cord or nerve root compression that clearly correlate with physical exam findings. Also, there is no instability present in the cervical spine. There are no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Cervical spine surgery is not medically necessary.

INPATIENT STAY; TWO TO THREE (2-3) DAYS: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CO-SURGEON: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MINERVA MINI COLLAR #1: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MIAMI J COLLAR WITH THORACIC EXTENSION #1: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

MEDICAL CLEARANCE BY INTERNIST: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.