

Case Number:	CM14-0026209		
Date Assigned:	06/20/2014	Date of Injury:	04/28/2010
Decision Date:	07/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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, 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 is a 62-year-old male with a date of injury of April 28, 2000 time. The patient is status post placement of a spinal cord stimulator. The patient reports constant severe neck pain. Physical examination was decreased range cervical spine motion. Motor function in the upper extremities is normal. There is decreased sensation light touch in the tire left arm. CT scan from December 2012 shows malpositioning of the vertebral body screw at C4. The plate extended beyond the margin of the disc space. And there is a bridging osteophyte over the plate. The C3-4 disc spaces degenerative. Lateral mass screws are present posteriorly at C4 and C3 and a well-positioned. The patient is status post ACDF surgery from C4-C7 in July 2009 and posterior spinal fusion from C3-C5 in July 2000 time. 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:

Removal of posterior plate & screws / anterior discectomy & fusion C3-4 with instrumentation / removal of anterior instrumentation: Upheld

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

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:MTUS page 307ODG neck pain chapter.

Decision rationale: This patient does not meet criteria for revision cervical surgery. Specifically, there is no evidence that the hardware is symptomatic. In addition, there is no evidence of nonunion clearly documented in the medical records. There is no documentation that the patient's hardware is symptomatic and causing pain. The patient does have C3-4 disc degeneration on imaging studies but, there is no evidence of instability. In addition the patient does not have a documented significant neurologic deficit. There is no clear correlation between imaging studies and the patient's symptoms. Criteria for revision cervical surgery not met.