

<b>Case Number:</b>	CM14-0026463		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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:

49 yo male with DOI 6/6/2011-Had boxes fall and hit head with neck pain. Treated with surgery 11/22/11. Still has neck pain. Bilateral arm numbness. \PE shows right triceps, deltoid, and intrinsic weakness. failure of fusion at c6-7 level from previous surgery. CT 6/2013 shows solid fusion at c5-6 and c6-7. No hardware malfunction described. Need for revision neck surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of hardware C5-7, revisions anterior cervical discectomy and fusion C6-7, posterior spinal fusion, laminectomy C6-7 with instrumentation, and use of iliac crest allograft:** 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 Official Disability Guidelines (ODG), Low Back Chapter, Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation ODG neck pain chapter.

**Decision rationale:** This patient does not meet criteria for revision cervical surgery. Specifically the CT scan does show failure of fusion or failure of hardware. Also, the physical exam does not correlate with the imaging studies showing radiculopathy and nerve root compression. The

patient does not have progressive neurologic deficit or any other red flag indicator for spinal fusion surgery. Criteria for revision surgery not met. The request for Removal of hardware C5-7, revisions anterior cervical discectomy and fusion C6-7, posterior spinal fusion, laminectomy C6-7 with instrumentation, and use of iliac crest allograft is 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 Official Disability Guidelines (ODG), Hospital Length of Stay (LOS).

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

**Decision rationale:** Because surgery is no needed, then all other associated items are not needed.

**Surgical assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

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

**Decision rationale:** Not needed since surgery is not needed.

**Preoperative clearance (by request physician):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery.

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

**Decision rationale:** Not needed since surgery is not needed.

**Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery.

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

**Decision rationale:** Not needed since surgery is not needed.

**Preoperative labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery.

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

**Decision rationale:** Not needed since surgery is not needed.

**Miami J collar:** 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), Neck and Upper Back Chapter.

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

**Decision rationale:** Not needed since surgery is not needed.

**Home nursing for daily dressing changes x 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

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

**Decision rationale:** Not needed since surgery is not needed.

**Bone growth stimulator:** 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), Low Back Chapter and Knee Chapter ([http://www.odg-twc.com/odgtwc/knee\\_files/bcbs\\_bone\\_stim.htm](http://www.odg-twc.com/odgtwc/knee_files/bcbs_bone_stim.htm)).

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

**Decision rationale:** Not needed since surgery is not needed.

**Post-operative outpatient physical therapy 2 x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Not needed since surgery is not needed.

**Motorized Cold Therapy Unit:** 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), Knee Chapter, Continuous Flow Cryotherapy.

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

**Decision rationale:** Not needed since surgery is not needed.