

Case Number:	CM14-0026901		
Date Assigned:	06/13/2014	Date of Injury:	02/12/2000
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	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 Texas. 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 injured worker is a 69 year old male who had a work related injury on 02/12/2000. There is no documentation of mechanism of injury. The injured worker did undergo several surgeries of his cervical spine including anterior cervical discectomy and fusion C4-C6. It is noted that he has been having ongoing problems with his cervical spine which is getting worse since 2008. Note dated 02/25/14 indicates that he had failed conservative treatment which consisted of an epidural steroid injection with no relief and also has tried oral pain medications with no relief. He did not feel that physical therapy would alleviate the pain that he has. There is no documentation of an epidural procedure. There are no imaging reports to review, although the imaging noted on 02/25/14 office visit, showed bilateral foraminal stenosis at C3-4 secondary to a disc bulge, facet arthropathy and retrolisthesis. Severe bilateral foraminal stenosis at C6-7 secondary to prominent facet arthropathy. Physical examination showed decreased cervical lordosis. There is tenderness to palpation at the C3, C4, C6, and C7 paraspinals. Range of motion is grossly normal for neck flexion and extension. Strength is rated as 5/5 for wrist extensors, biceps and triceps. Diagnoses are status post cervical fusion C4-5, C5-6; cervical neck pain, chronic cervical neck pain, right greater than left. There was a prior utilization review which non-certified the request on 03/05/14 for lack of documentation of failed conservative treatment. There is a note dated 04/27/14, it was a hospital clinic note. The injured worker already underwent an ACDF at C3-4 and C6-7 on 04/22/14, posterior instrumentation C3-T2 and C6-7 foraminotomy on the right on 04/25/14. There was no documentation of approval. In review of the documents submitted, there is no documentation of imaging study prior to the surgery, failed interventional treatment such as epidural steroid injection procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR CERVICAL REDO LAMINOTOMY WITH REMOVAL OF INSTRUMENTATION C3-T1 FUSION WITH AEGIS INSTRUMENTATION: Upheld

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

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, cervical fusion anterior.

Decision rationale: The request for posterior cervical redo laminectomy with removal of instrumentation at C3-T1, fusion with Aegis instrumentation is not medically necessary. The submitted documentation does not support the request for the procedure. There was a prior utilization review which non-certified the request on 03/05/14 for lack of documentation of failed conservative treatment. In review of the documents submitted, there is no documentation of imaging study prior to the surgery or failed interventional treatment such as epidural steroid injection procedure. Therefore medical necessity has not been established.