

Case Number:	CM14-0034829		
Date Assigned:	07/23/2014	Date of Injury:	07/20/2009
Decision Date:	09/10/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic 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 chronic neck pain. CT scan from October 2013 shows congenital C2-3 fusion with degenerative changes from C4-C6. MRI from February 2012 shows C3-4 moderate facet changes C4-5 disc bulge. The patient had previous C. 5/6 fusion. CT scan from October 2013 shows congenital C2-3 fusion with degenerative changes from C4. The patient continues to complain of pain and numbness in the right arm. Physical examination is negative for motor or sensory changes. At issue is whether revision spinal surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware Removal C5-6 with exploration of fusion Anterior cervical discectomy and fusion C3-4, C4-5 Possible revision Anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 spinal surgery. The medical records do not document evidence of pseudoarthrosis. The medical records do not document

evidence of fracture, tumor, or instability. There is no evidence of hardware breakage. Criteria for revision spinal surgery not met.

Instrumentation C3-6: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS page 186ODG Neck Pain Chapter.

Decision rationale: This patient does not require instrumentation at multiple levels in the cervical spine. Since criteria for fusion surgery not met, there is no indication for spinal instrumentation surgery. Criteria for spinal fusion surgery not met. There is no evidence of instability fracture, tumor, or failure previous fusion.

2 day hospital stay: 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 surgery is not medically necessary, then all other associated items are not needed.

Consult with Hospitalist: 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 surgery is not medically necessary, then all other associated items are not needed.

Pre Op Labs: 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 surgery is not medically necessary, then all other associated items are not needed.

Aspen and Philadelphia Collar: 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 surgery is not medically necessary, then all other associated items are not needed. Also, collar immobilization is not recommended for degenerative neck pain. There is no evidence of instability or fracture.

Bone Growth 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 surgery is not medically necessary, then all other associated items are not needed.

Physical Therapy 2 times a week for 6 weeks: 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 surgery is not medically necessary, then all other associated items are not needed.