

Case Number:	CM14-0038655		
Date Assigned:	06/27/2014	Date of Injury:	04/29/1998
Decision Date:	08/05/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 Neurological Surgery and is licensed to practice in Texas and Michigan. 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 64 year old male who sustained an injury on 04/29/98. No specific mechanism of injury was noted although multiple injuries were reported. The injured worker is noted to have had a prior anterior and posterior cervical fusion with decompression from C3 to C7. Magnetic resonance image studies of the cervical spine from 09/18/13 noted a disc osteophyte complex at C2-3 with contact of the thecal sac with moderate canal stenosis and mild to moderate foraminal stenosis. No evidence of significant canal stenosis was noted at C3-4 through C6-7. There was facet arthrosis with evidence of at least moderate foraminal stenosis noted from C3 to C7. The injured worker was seen on 02/14/14 with continuing complaints of pain in the neck radiating to the bilateral shoulders as well as associated occipital type headaches. The injured worker also described numbness in the bilateral hands and fingers as well as weakness in the bilateral upper extremities. The injured worker's physical examination noted normal tone in the upper and lower extremities with intact strength. No abnormal reflexes were identified and the injured worker could perform heel and toe walking with no difficulty. The injured worker was felt to have severe cord compression at C2-3 with instability. Surgical procedures were discussed with the injured worker; however, no specifics regarding the requested procedures were noted. Radiographs of the cervical spine from 04/17/14 noted a prior fusion from C3 to C7 with no evidence of instability on flexion or extension views. The requested exploration of a spinal fusion was denied by utilization review on 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of spinal fusion: 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): 179-181.

Decision rationale: In regards to the request for an exploration of a spinal fusion, this reviewer would not have recommended this request as medically necessary. From the imaging studies provided for review, there is no evidence to support the development of nonunion or pseudoarthrosis in the cervical spine from C3 to C7. The magnetic resonance image study of the cervical spine from 09/18/13 noted no evidence for nonunion or pseudoarthrosis. More recent radiographs of the cervical spine from 04/17/14 also noted no evidence for nonunion or pseudoarthrosis. Given the absence of any clear indication of complication from the injured worker's prior C3 to C7 cervical fusion, this reviewer would not have recommended this request as medically necessary.