

Case Number:	CM14-0039654		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2003
Decision Date:	09/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 California. 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 68 year old female who sustained a vocational injury on 10/18/13. The medical records provided for review include an office note dated 01/10/14 that described that the patient had neck pain and she was awaiting authorization for facet joint injections. No pertinent physical exam objective findings were documented at that visit. The patient was diagnosed with cervical spondylosis and mechanical neck pain as a result of the industrial injury, cervical fusion with an unstable fusion and anterior listhesis and short acting opioid therapy, high dose. A previous utilization review determination documented that an MRI of the cervical spine on 05/09/13 showed the lower cervical fusion and upper cervical spine deformity, probably due to bony and facet changes. The report of a cervical CT scan on 08/08/13 showed severe multilevel spondylosis and posterior cervical spinal fusion from C5-C7 with incomplete osseous union at C5-6 and C6-7. There was no central spinal stenosis and no destructive osseous lesions. The current request is for an anterior cervical discectomy and fusion at C3-4 and C4-5 with two day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 inpatient surgery days: ACDF C3-4 & C4-5: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter: Fusion, anterior cervical.

Decision rationale: California MTUS ACOEM Guidelines have been referenced and Official Disability Guidelines have been supplemented for specific information regarding fusion and hospital stay. The ODG Guidelines recommend that prior to considering surgical intervention, specific criteria should be met which includes a failure of traditional first-line conservative treatment approaches prior to considering surgical intervention. In addition, documentation also supports tobacco cessation should be confirmed for a minimum of six weeks prior to considering surgical intervention. The ACOEM Guidelines also suggest there should be pathology identified on both physical exam as well as diagnostic studies that would be amenable to surgical intervention in both the short and long term to provide appropriate progress. Currently documentation presented for review fails to establish the claimant's current tobacco usage status. In addition, there is a lack of recent abnormal physical exam objective findings documented for review establishing the medical necessity of the requested procedure and confirming ongoing radiculopathy and cervical neck pain. Documentation also fails to establish that there has been a recent diagnostic study which demonstrates cervical nerve root compression and/or instability. Documentation fails to establish that the claimant has attempted and failed a traditional first-line conservative treatment approach which should include anti-inflammatories, muscle relaxants, consideration of a tricyclic antidepressant, activity modification, formal physical therapy, oral steroids, facet or epidural injections, and a home exercise program. Official Disability Guidelines also support that for a cervical fusion, one day length of stay is considered medically reasonable and the current request suggesting that the post operative stay may be two days, which would exceed Official Disability Guidelines. Therefore, based on the documentation presented for review and in accordance with the California ACOEM and Official Disability Guidelines, the request for the anterior cervical discectomy and fusion at C3-4 and C4-5 with a two day inpatient stay cannot be considered medically necessary.