

Case Number:	CM14-0056335		
Date Assigned:	07/09/2014	Date of Injury:	05/13/1997
Decision Date:	09/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/25/2014

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:

This is a 57 year-old male with a 5/13/97 date of injury. The patient had a cervical anterior fusion at C5-7. The patient was seen on 3/4/14 with complaints of neck pain radiating to the occiput but not the arms. A CT scan from 10/18/13 was reviewed showing psuedoarthrosis at C5/6 and C6/7 with resorption of the bone grafts. Another CT scan dated 11/18/13 revealed a partial vertebrectomy with interbody fusion at C5/6 and C6/7 with interbody spacers. Cervical flexion and extension were painful. Tenderness and spasms were noted at the C spine. The neurologic exam was normal. A CT scan dated 4/4/14 revealed moderate bilateral foraminal stenosis and a patent central canal at C5/6, as well as osteophyte ridging and well as foraminal stenosis. The anterior cervical fusion hardware is fairly stable at C5-7 with no significant evidence to suggest loosening. A Flex/Ex film dated 4/4/14 revealed 2mm retrolisthesis at C2/3 and C3/4. The diagnosis is cervicalgia and non-union fracture. Treatment to date includes C spine surgery, medications, and physical therapy (PT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical vertebrectomies and fusion with plate instrumentation followed up by posterior cervical fusion with spinal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Chapter, posterior fusion).

Decision rationale: The California MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, the ODG states that a posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. There is no evidence that the patient has any instability or pseudoarthrosis on the most recent CT imaging or flexion extension films. The flexion extension films dated 4/4/14 did not show any evidence of instability at C5-C7. However, several progress notes stated that the most recent imaging revealed pseudoarthrosis. There are discrepancies with regard to the patient's recent imaging per the radiology report and his physician's interpretation of the imaging reports. The patient has no neurological symptoms in his upper extremities. In addition, the request does not specify a level for the requested surgery. Therefore, the request for anterior cervical vertebrectomies and fusion with plate instrumentation followed up by posterior cervical fusion with spinal was not medically necessary.

Pre-op Testing/Labs: CMP (Complete Metabolic Profile), CBC (Complete Blood Count), PT (Protime), EKG/Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative testing is not applicable based on the absence of the surgical recommendation approval.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Follow up Examination: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.