

<b>Case Number:</b>	CM14-0057334		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/25/1997
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 53 year-old male who reported an injury on 03/25/1997. The injured worker underwent an MRI of the cervical spine dated 11/12/2013. It was documented that the injured worker had persistent neck and left shoulder pain. It was also noted that the injured worker was status post fusion from approximately 10 years ago. Findings included no significant spinal canal stenosis and severe neural foraminal narrowing at the C5-6 with mild bilateral neural foraminal narrowing at the C4-5. The injured worker also underwent a CT scan that concluded there was severe bilateral neural foraminal narrowing at the C5-6 with no significant evidence of spinal canal stenosis. The injured worker was evaluated on 03/27/2014. It was noted that the injured worker had continued neck pain that was considered worsening and radiating down the left arm. The injured worker's physical findings included 5/5 motor strength with the exception of 4/5 weakness of the deltoids bilaterally and 5-/5 of the biceps. The injured worker had normal deep tendon reflexes and an intact sensory examination. It was noted in the imaging that there was possible pseudoarthrosis at the C5-6 with broken screw at the right C5. The injured worker's treatment recommendations included removal of the C5-7 hardware with exploration and possible revision of the C5-6 fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of Cervical Plate at C5-C7, Exploration and Possible Revision at C5-C6, C4-C5 Anterior Interbody and Instrumented Fusion: Overturned**

**Claims Administrator 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, Neck Chapter - Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The request for Removal of Cervical Plate at C5-C7, Exploration and Possible Revision at C5-C6, C4-C5 Anterior Interbody and Instrumented Fusion is medically necessary and appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent and progressive neurological symptoms following fusion surgery from the C5-7 approximately 10 years prior to the current request. Additionally, the American College of Occupational and Environmental Medicine recommends fusion surgery for injured workers who have persistent ongoing neurological deficits supported by an imaging study that have failed to respond to conservative treatments. Although conservative treatments are not specifically identified within the documentation, it would be understood that the injured worker had received treatment over a 10 year course of the injury. With persistent neurological deficits and evidence that the injured worker has hardware issues and possible pseudoarthrosis at the C5-6, revision surgery would be indicated. As such, the requested Removal of Cervical Plate at C5-C7, Exploration and Possible Revision at C5-C6, C4-C5 Anterior Interbody and Instrumented Fusion is medically necessary and appropriate.

**3 Day Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter - Hospital Length of Stay (LOS) Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Hospital Length of Stay (LOS) Guidelines.

**Decision rationale:** The requested 3 Day Inpatient Stay is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address hospital stays. The Official Disability Guidelines recommend a 1 day inpatient stay for anterior fusion. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 3 Day Inpatient Stay is not medically necessary or appropriate.