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| Case Number: | CM14-0061246 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 02/09/2011 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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 Orthopedic Spine 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 49-year-old male with a reported date of injury on 02/09/2011. The mechanism of injury was noted to be repetitive trauma. His diagnoses were noted to include foraminal stenosis, facet arthritis, and cervical radiculitis. His previous treatments were noted to include surgery and medications. The progress note dated 02/21/2014 revealed complaints of neck pain. The physical examination revealed no tenderness to palpation. Pain was not worsened with extension/flexion/rotation/lateral flexion to the lumbar spine. There was negative straight leg raise and negative Patrick's/Faber's test. The physical examination of the neck revealed no tenderness to palpation, Spurling's test was negative, and pain was not worsened with extension/flexion/rotation/lateral flexion. The progress note dated 03/28/2014 revealed complaints of no improvement of axial neck pain. The physical examination revealed motor strength rated 5/5 with intact sensation. The deep tendon reflexes were intact. The provider indicated a CT performed 03/21/2014 described the fusion across C4-5 did not have a solid bony appearance. The fusion across C5-6 and C6-7 appeared to be solid. There was a nonunion at C4-5 and solid fusion at C5-6 and C6-7. The provider indicated a discussion with the injured worker of a possible use of an external bone stimulator for waiting an additional 6 months to see if it would heal; however, the injured worker preferred to proceed with surgery so that he could return to work. The provider indicated, based on the injured worker's smoking history and insulin dependent diabetic status, he did not have a great opportunity for healing this without additional surgery. The Request for Authorization form was not submitted within the medical records. The request was for a posterior fusion at C4-5 with instrumentation for healing, and spinal monitoring and assistant surgeon for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Fusion C4-C5 with Instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-180.

Decision rationale: The request for Posterior Fusion C4-C5 with Instrumentation is not medically necessary. The injured worker has had previous C5-6 fusion. The CA MTUS/ACOEM Guidelines state the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risk and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone without findings of serious conditions or significant nerve root compromise rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehabilitation specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it would also be prudent to consider a psychological evaluation of the patient prior to referral for surgery. Many patients with a strong clinical finding of nerve root dysfunction due to disc herniation recover activity tolerance within a month; there is no evidence that delaying surgery for this period worsens outcomes in patients without progressive neurologic findings. Spontaneous improvement in MRI documentation of cervical disc pathology has been demonstrated with a high rate of resolution. Surgery increases the likelihood that the patient will have to have future procedures with higher complication rates. A 12% reoperation rate was reported in 1 large series. Patients with comorbid conditions, such as cardiac or respiratory disease, diabetes, or mental illness, may be poor candidates for surgery. Comorbidity can be judged and discussed carefully with the patient. The provider indicated the CT scan showed a nonunion at C4-5 and a solid fusion at C5-6 and C6-7. There is a lack of clinical findings suggestive of a progressive neurological deterioration or progressive spinal instability. The guidelines state patients with comorbid conditions such as cardiac or respiratory disease, diabetes, or mental illness may be poor candidates for surgery, and the injured worker has a history of diabetes and smoking. There is a lack of documentation regarding a psychological evaluation prior to the referral of surgery. The original CT scan was not submitted within the medical records. Therefore, the request is not medically necessary.

Spinal Monitoring: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant Surgeon: Upheld

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

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.