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| Case Number: | CM14-0074351 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 01/05/2005 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 56-year-old female who reported an injury on 01/05/2005. The mechanism of injury was not provided. The surgical history was noted to include a spinal surgery. The prior therapies and medications were not provided. The injured worker was noted to undergo a CT of the cervical spine plus myelogram on 09/20/2012. The documentation indicated at C5-6 there was evidence of bone fusion within the graft which was incorporated. There was no canal or foraminal stenosis. At the level of C6-7, there as moderate anterior discectomy and placement of intervertebral disc graft. There was some fusion bone within the graft. There was residual osteophytic ridging extending in the neural foramen which mild to moderately narrowed the neural foramen bilaterally, the left greater than right. There was no central canal stenosis. The documentation of 01/13/2014 revealed the injured worker had neck pain radiating into her left shoulder. The injured worker was noted to have undergone a cervical fusion in 2008 from C5 through C7. The physical examination revealed the injured worker had decreased range of motion with flexion, extension, and rotation of the cervical spine. The injured worker had tenderness along the cervical spine from approximately at the level of C5-6 and C7. The injured worker had diffuse weakness in her upper extremities and non-dermatomal. The injured worker had numbness in her thumb, index, and long fingers of her left hand. The injured worker had a positive Spurling's test with extension and rotation to the left. The documentation indicated the injured worker underwent a CT scan of the neck in 2012, which showed evidence of pseudoarthrosis and loosened hardware at C5-6 and C6-7. The diagnoses included pseudoarthrosis C5 to C7. The treatment plan included an anterior discectomy revision at C5-6 and C6-7, a removal of hardware and revision with iliac bone crest bone grafting and a posterior stabilization procedure. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision anterior /posterior cervical fusion with instrument C5-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

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 & Upper Back, Fusion, anterior cervical.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month with extreme progression of symptoms, clear clinical imaging and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the long and short term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The guidelines do not specifically address cervical fusion. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a fusion is recommended in combination with an anterior cervical discectomy for approved indications, although current evidence is conflicting about fusion in general. The injured worker had objective findings upon examination in 01/2014 and the physician documented that the injured worker's fusion was not solid at C5-C6 and C6-C7. The CT scan indicated there was evidence of fusion bone within the graft, which was incorporated. At C6-7, there was residual osteophytic ridging extending into the neural foramen which mild to moderately narrowed the neural foramen bilaterally left greater than right. There was no central canal stenosis at either level. There was a lack of documentation indicating an exhaustion of conservative treatments. There were no EMG/NCV findings and an official report, and, if the treatment, as documented, was an anterior discectomy revision at C5-6 and C6-7, a removal of hardware and revision with iliac bone crest bone grafting and a posterior stabilization procedure was being requested, these findings would be of significance. There was no clarification indicating the request as submitted was correct. Given the above, the request for Revision anterior /posterior cervical fusion with instrument C5-C7 is not medically necessary.

Assistant surgeon for both surgeries: 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.

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

Preoperative laboratory testing (unspecified): 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.

Chest X ray: 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.

Preoperative history and physical: 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.

EKG: 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.

Inpatient hospital stay for 3 days: 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.

Preoperative urinalysis: 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.