

Case Number:	CM14-0074495		
Date Assigned:	07/16/2014	Date of Injury:	06/15/1999
Decision Date:	12/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 Orthopaedic 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 58-year-old female sustained an industrial injury on 6/15/1999. Injury occurred relative to a motor vehicle accident. Past surgical history was positive for multiple cervical surgeries including: C4/5 fusion with instrumentation posterior C3/4 and C4/5 foraminotomy; posterior C5/6 fusion due to pseudoarthrosis of the anterior surgery at that level; and revision anterior surgery with removal of C4/5 prosthesis (10/12/13). The patient had been prescribed a bone growth stimulator but was not using it per the 2/3/14 progress report. She was advised to resume use. The 2/27/14 cervical spine x-ray findings noted there was an interbody fusion cage at C4/5 with anterior plate and screw fixation. There was no appreciable osseous bridging. The 4/10/14 cervical spine x-rays impression documented stable appearance of degenerative and post-surgical changes of the cervical spine. Findings documented the anterior fusion hardware and interbody graft at C4/5 appeared grossly stable. The 4/14/14 treating physician progress report cited neck and arm pain. The patient had completed 4 out of 12 additional physical therapy sessions. She was working full duty without restriction. Cervical spine exam documented normal alignment, no gross muscle atrophy, bilateral paracervical and trapezius tenderness, and pain with motion. Neurologic exam documented 5/5 motor strength and normal upper extremity sensation. Spurling's test was positive bilaterally. Cervical x-rays were reviewed and revealed a persistent pseudoarthrosis at the C4 graft interface. As it had been 6 months, a posterior cervical fusion with instrumentation was recommended. The patient previously underwent a fusion at C5/6 which also went into pseudoarthrosis and requiring posterior wiring to treat the issue. The 5/13/14 utilization review denied the request for cervical spine surgery as a 2nd opinion was felt to be mandatory for this patient given the history of multiple surgeries. Agreement with this decision was documented by the treating physician in the peer-to-peer discussion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior cervical fusion at C4-5 with instrumentation, exploration of posterior fusion and removal of hardware with intra-operative monitoring, assistant surgeon and 1-3 day stay.:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

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, Fusion, posterior cervical; Hardware implant removal (fixation); Hospital length of stay (LOS) Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for posterior cervical fusion. The Official Disability Guidelines (ODG) indicate that posterior fusion is under study. Guidelines state that posterior fusion and stabilization is often used to treat cervical instability, and in cases where there has been insufficient stabilization. Treatment options for pseudoarthrosis include a revision anterior or posterior approach but the ODG indicate there is a high rate of continued moderate to severe pain even after solid fusion is achieved. The 5/13/14 utilization review documented agreement with the treating surgeon for a hands-on second opinion consult prior to proceeding the surgery. The rationale for this decision indicated the patient had undergone multiple cervical surgeries and there was no current evidence of instability. The submitted records do not document that this agreed-upon second opinion has been completed. There is no radiographic evidence of spinal segmental instability or progressive neurologic dysfunction. Physical therapy was in process and the patient was working full duty without restrictions. Therefore, this request is not medically necessary.