MAXIMUS Federal Services

Case Number:	CM14-0081950		
Date Assigned:	08/06/2014	Date of Injury:	11/14/2001
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 51 year-old injured worker sustained an industrial injury on 11/14/2001. The mechanism of injury was not documented. Past medical history was positive for Crohn's disease and currently smoking. The patient underwent anterior cervical discectomy and fusion (ACDF) C5/6 and C6/7 approximately 5 years ago. The 07/09/2013 cervical spine MRI impression documented status post ACDF C5-7. There was no evidence for spondylolisthesis within or adjacent to the fused segment. The residual noted spondylosis at C5/6 and C6/7 results in mild spinal stenosis. There was ventral cord flattening at C5/6. There was a disc protrusion at C4/5 improved compared to last examination 07/12/2011 with mild spinal stenosis. There was no evidence of cord compression at C4/5. The 07/09/2013 cervical spine x-rays impression documented stable prior ACDF changes C5-7 without evidence of complication. There were stable moderate degenerative disc disease changes at C4/5. There was no evidence of instability. There was no abnormal motion with flexion or extension. The 04/29/2014 treating physician report indicated the patient presented with severe grade 8-10/10 neck pain radiating into the occiput and shooting pain into the forearm with numbness over the entire left hand and weakness. Valsalva maneuvers exacerbated the pain. The treating physician stated that the patient had been informed after surgery that the neck had not healed but she had multiple other issues to address, and the pseudoarthrosis was not addressed. She subsequently had left shoulder and hand surgery. She developed a claw hand subsequent to left carpal tunnel release. She was unable to lift her left arm above her shoulder. Physical exam documented cervical range of motion was extremely limited. Lhermitte's, Spurling's, and abduction signs were negative. Upper extremity motor testing was normal but for 4/5 left hand (claw hand) strength in the 4th and 5th digits. Triceps reflexes were 1+ bilaterally. Biceps reflexes were 1+ right and 2+ left. There was hyperesthesia in all left hand fingers. The diagnosis included disc protrusion at C4/5 and resulting in spinal cord compression,

anterior interbody fusion C5/6 and C6/7, C6/7 pseudoarthrosis, and left carpal tunnel release complication resulting in a claw hand. The neurosurgeon cited review of the 07/12/2011 cervical MRI with significant disc protrusion at C4/5. The 07/09/2013 cervical MRI showed compromise of the spinal cord at C4/5. The 07/09/2013 x-rays showed evidence of pseudoarthrosis at C6/7 and severe degenerative disease at C4/5 with anterior osteophytic spurring. The patient was having severe neck and left upper extremity pain with incapacitating migraines. Surgery was recommended to include anterior interbody fusion C4/5, removal of anterior instrumentation C5/6, exploration of C5/6 and C6/7 fusion/pseudoarthrosis with re-fusion if necessary, and placement of 3-level cervical plate. The 05/16/2014 utilization review denied the cervical surgery and associated requests as there was no imaging evidence of C4/5 nerve root compression or moderate or greater central canal stenosis. There was a discrepancy noted between the requesting physician's interpretation of cervical flexion/extension x-rays (pseudoarthrosis at C6/7) and the radiologist's interpretation (stable prior anterior cervical discectomy and fusion changes at C5-7 without evidence of complication).

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 - C5 cervical anterior discectomy and interbody fusion with instrumentation, removal of anterior instrumentation and exploration of C5 -C6, C6 - C7 pseudoarthrosis and refusion placement of 3 level plate: Upheld

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 (ODG), Laminectomy, Cervical Surgery.

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 and Upper Back, Fusion, anterior cervical, Plate fixation, cervical spine surgery, Hardware implant removal (fixation).

Decision rationale: The MTUS guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The ODG for cervical fusion include cervical nerve root compression verified by imaging and resulting in severe pain or profound weakness. Guidelines state that because of the high risk of pseudoarthrosis, a smoker anticipating a fusion should adhere to a tobacco-cessation program that results in an abstinence from tobacco for at least 6 weeks prior to surgery. The patient presents with clinical exam findings consistent with the surgeon's reported imaging findings. There is severe pain and significant functional limitation. However, records indicate that this patient is a current smoker and there is no documented discussion regarding cessation. Given the patient's current smoking status, proceeding with surgery is not consistent with guidelines. Therefore, this request is not medically necessary.

Inpatient stay: 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.

Assistant surgeon: 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.

Medical clearance with blood donation, pre-op labwork, EKG and CXR: 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.

Cervical vista collar: 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.

Cervical pillow: 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.

Bone growth stimulator: 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.