

Case Number:	CM14-0087808		
Date Assigned:	07/23/2014	Date of Injury:	05/29/2009
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 is a 56 year old female with a 5/29/09 date of injury. The mechanism of injury was not provided. In a progress note on 3/20/14, the patient continues to have neck pain and pain in the back of the left shoulder. Objective findings include the absence of focal neurologic deficits. An EMG on 7/14/13 of the upper extremities showed carpal tunnel syndrome without evidence of radiculopathy. A cervical spine CT on 5/2/14 showed a C6-7 fusion with hardware present but with a non-displaced broken right superior screw. There was no significant cervical stenosis or nerve root impingement. Other cervical levels were unremarkable. Cervical xrays on 4/16/14 showed a broken screw at the C6 level, a C6-7 fusion mass, and normal alignment. In the discussion on the 5/13/14 progress note, the provider states that the CT scan shows a pseudarthrosis at C6-7 with incomplete fusion and is recommending a C6-T1 posterior fusion. No report was provided for the cervical CT scan. Diagnostic impression: pseudarthrosis, C6-7. Treatment to date: medication management, ACDF C6-7 surgery (9/26/11).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical fusion at C6-T1 with lateral mass screws: 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) -Neck and Upper Back Fusion, posterior cervical.

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.

Decision rationale: CA MTUS does not address this issue. ODG guidelines state that a posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. In the present case, the cervical spine CT results were not provided. These are necessary to confirm whether a pseudarthrosis exists in order to determine if revision surgery is medically necessary. Therefore, the request for Cervical fusion at C6-T1 with lateral mass screws is not medically necessary.

Two (2) day length of stay (LOS): 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, Hospital length of stay.

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.

Decision rationale: CA MTUS does not address this issue. ODG guidelines for length of stay after posterior cervical fusion recommend a 4-day hospital stay after surgery. In the present case, the index procedure could not be certified. Therefore, the request for Two (2) day length of stay (LOS) is not medically necessary.