MAXIMUS Federal Services

Case Number:	CM14-0007896		
Date Assigned:	02/10/2014	Date of Injury:	08/15/1997
Decision Date:	04/09/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois, California, Texas
Certification(s)/Specialty: Orthopedic Surgery

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 54-year-old male who sustained an industrial injury on 8/15/97. The mechanism of injury was not documented. The patient underwent spinal cord stimulator explant on 07/08/2013. The 11/13/13 treating physician report noted cervical spine x-rays on 10/24/13 that showed a prior decompressive cervical laminectomy and spinal cord stimulator lead contact visible in the epidural space at C2/3. The 12/11/13 treating physician report documented review of systems as negative. The patient was in no acute distress. There were healing posterior surgical scars noted over the cervical spine, consistent with prior surgery. The lower right flank surgical scar was well-healed with no signs of infection. The diagnoses included status post spinal cord stimulator explant followed by post-op wound infection in the right flank/upper buttock, status post anterior cervical decompression and fusion/cervical, post laminectomy syndrome, and residual spinal cord stimulator lead contact within the epidural space. The treatment plan recommended repeat cervical laminotomy with exploration/explanation of lead contact to allow future MRI scanning. On 12/26/13, utilization review non-certified a repeat cervical laminectomy with exploration and explanation of retained lead contact, preoperative clearance, assistant surgeon, and unspecified length of stay. The rationale for non-certification indicated that there were no objective physical exam findings of radiculopathy, and no radiology report to confirm the retained spinal cord stimulator lead following explantation. The Official Disability Guidelines were cited. The 1/2/14 treating physician appeal letter indicated that there was x-ray evidence of a laminectomy defect in the midline at the C2/3 level with a 5 mm metallic linear foreign body compatible with a retained electrode. The patient had a recent

history of seizures, and the neurologist would like to perform an MRI scan of his brain. Reconsideration was requested for repeat cervical laminectomy with exploration and explanation of the retained lead contact, pre-operative clearance, and assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REPEAT CERVICAL LAMINECTOMY WITH EXPLORATION AND EXPLANATION OF RETAIN LEAD CONTRACT: 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 (UPDATED 10/09/13) HARDWARE IMPLANT REMOVAL (FIXATION).

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: Discectomy, laminectomy, laminoplasty, Low Back ½ Lumbar & Thoracic: Hardware implant removal (fixation).

Decision rationale: The California MTUS guideline criteria for cervical laminectomy include persistent, severe and disabling arm or shoulder symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend cervical laminectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes or EMG findings that correlate with the involved cervical level, abnormal imaging of nerve root involvement correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Removal of hardware in this case would be generally supported by the Official Disability Guidelines as the spinal cord stimulator has been explanted. Guideline criteria have not been met for cervical laminectomy. There are no current subjective or clinical exam findings of motor deficit or reflex changes. There is no imaging or electrophysiologic evidence of nerve root compression. Detailed evidence of 6 to 8 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

PREOPERATIVE CLEARANCE: 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.

UNSPECIFIED LENGTH OF STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Hospital length of stay (LOS).

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