

<b>Case Number:</b>	CM14-0169476		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Minnesota. 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 52 year old female who fell on 6/22/2012 injuring her neck. She complained of neck and upper extremity pain and underwent anterior cervical discectomy and fusion at C5-6 and C6-7 on 4/25/2013. She is a smoker and the fusion did not become solid. A CT scan of 3/28/2014 revealed a pseudarthrosis and incomplete fusion at C5-6 and C6-7. Xrays on 9/15/14 revealed post-surgical changes at C5-6 and C6-7 with anterior cervical discectomy and fusion and plate and screw fixation. The fixation was stable with minimal lucency around the screws at C5, C6, and C7 unchanged compared to 3/31/2014. Stable mild reversal of lordosis was seen at C4-5. The injured worker complains of relatively severe neck pain and burning. She is incapacitated. She clearly needs revision of the ACDF with iliac bone graft. However the surgery has been postponed until she can stop smoking to maximize the chances of obtaining a solid fusion. A prior request for the revision surgery was approved by UR on 6/05/2014. However, the recent request was non-certified by UR on 10/07/2014 for lack of documentation about smoking cessation. The progress notes from 9/15/2014 indicate that she was still smoking 5-6 cigarettes a day and the plan was to enroll her in a smoking cessation program before the revision procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of C5-C7 anterior cervical discectomy and fusion with iliac crest bone grafting:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Neck guidelines ODG , Neck, 2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

**Decision rationale:** California MTUS guidelines recommend surgery when the the history, exam, and imaging is consistent for a specific lesion. There is no question about the non-union of the prior ACDF and the associated chronic pain and disability. A revision C5-7 anterior cervical discectomy and fusion with iliac bone grafting is clearly indicated. The documentation indicates the surgery will be performed after the injured worker stops smoking. Therefore the surgical procedure as requested is medically necessary.

**3-Day length of stay at [REDACTED] of [REDACTED]:** Overturned

**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) Section: Neck; Hospital length of stay, anterior cervical discectomy and fusion.

**Decision rationale:** California MTUS does not address this issue. ODG guidelines indicate a 2 day hospital stay for ACDF. However, in light of the history of tremor, burning in neck and extremities and generalized pain and incapacitation, and the prolonged nature of the surgical procedure an exception can be made allowing a three day stay if needed. Therefore the request as stated is medically necessary.

**Medical Clearance appointment with [REDACTED] internal medicine, [REDACTED]:** Overturned

**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) Section: Low Back, Topic: Pre-operative testing, general

**Decision rationale:** ODG guidelines indicate the necessity of pre-operative testing in intermediate and high risk procedures. Because of the need for hospitalization and a prolonged surgical procedure evaluation of the surgical risk by an internal medicine specialist is medically necessary.