

Case Number:	CM15-0005933		
Date Assigned:	01/20/2015	Date of Injury:	07/15/2010
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: Minnesota, Florida
 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 59 year old female, who sustained an industrial injury on July 15, 2010. She has reported a slip and fall causing neck pain. The diagnoses have included cervical spine radiculitis. Treatment to date has included medications, physical therapy, chiropractic therapy, radiological imaging, electrodiagnostic studies, bilateral carpal tunnel release, cervical spine epidurals, and cervical spine fusion with subsequent removal of hardware. Currently, the IW complains of neck pain with radiation to the hands. She is noted to have diffuse tenderness of the upper back and neck, and a positive Spurling test, with a decreased range of motion. On December 4, 2014, she had a computed tomography scan of the cervical spine which revealed severe degenerative changes. On December 31, 2014, Utilization Review non-certified posterior cervical laminectomy and fusion at C5-C7 levels based on MTUS and ACOEM guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of posterior cervical laminectomy and fusion at C5-C7 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Posterior cervical laminectomy and fusion at the C5-C7 levels: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fusion, anterior cervical, complications, pseudoarthrosis

Decision rationale: The injured worker has CT imaging evidence of pseudoarthrosis status post anterior cervical discectomy and fusion at C5-6 and C6-7. The report indicates minimal bridging across the disc space at C5-6 and only partial bridging at C6-7. The provider's status report dated December 22, 2014 indicated additional surgery was recommended. The documentation also indicates a positive Spurling and decreased range of motion of the cervical spine. The orthopedic consultation dated December 19, 2014 recommended a posterior cervical laminectomy and fusion C5-C7. ODG guidelines indicate that pseudoarthrosis is a recognized cause of continued cervical pain and unsatisfactory outcome from a fusion procedure. The treatment options include a revision through an anterior approach versus a posterior approach. Regardless of approach, there is a high rate of continued moderate to severe pain even after solid fusion is achieved. However, based upon the documentation of pseudoarthrosis the requested posterior cervical spinal fusion is appropriate and medically necessary.