

Case Number:	CM15-0008054		
Date Assigned:	01/26/2015	Date of Injury:	07/05/1981
Decision Date:	03/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57-year-old female who reported an injury on 07/15/1981. The injured worker's treatment history included anti-inflammatory medications, epidural steroid injections and physical therapy. The injured worker ultimately developed chronic pain of the cervical spine. The injured worker was evaluated on 12/04/2014. It was noted that the injured worker underwent an x-ray of the lumbar spine that documented degenerative changes on the L2-3 and L4-5 with postoperative changes and a retrolisthesis at the L3-4. It was also documented that the injured worker underwent a cervical spine x-ray that documented degenerative changes at the C5-6 with no spondylitic changes. It was noted that the injured worker had undergone an MRI of the cervical spine on 07/01/2014 that indicated there was neural foraminal encroachment at the C3-4, and bilateral facet arthropathy with bilateral neural foraminal stenosis and severe central canal stenosis at the C4-5; and a grade 1 anterolisthesis at the C6-7. Physical exam findings at that appointment included diminished sensation in the 2nd, 3rd and 4th digits with hyporeflexic changes and weakness in the brachioradialis and triceps, rated at a 4/5. The injured worker's diagnoses included progressive exacerbation of neck pain with bilateral cervical radiculopathy, cervical spine stenosis, neural foraminal stenosis, grade 1 spondylolisthesis, status post lumbar laminectomy, degenerative lumbar disc disease, chronic lumbar radiculopathy and left knee patellofemoral joint arthropathy. The injured worker's treatment plan included an anterior cervical vertebrectomy and anterior cervical fusion from the C3 through the C7. A Request for Authorization form to support the request was submitted on 12/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Vertebrectomy & Anterior Cervical Fusion C3-C7 followed by posterior cervical fusion with cervical laminectomy C3-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: The requested decision for Anterior Cervical Vertebrectomy & Anterior Cervical Fusion C3-C7 followed by posterior cervical fusion with cervical laminectomy C3-C7 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for the cervical spine when there is documented instability. The clinical documentation submitted for review does indicate that the injured worker does have severe cervical spine stenosis and an anterior listhesis at the C6-7. The injured worker does have radicular symptoms correlative of the requested levels. However, the American College of Occupational and Environmental Medicine recommend a psychological evaluation prior to spine surgical intervention due to the extensiveness of the surgery and the length of injury, a psychological evaluation would be supported in this clinical situation to determine the injured worker's ability to participate and to be compliant with extensive postsurgical treatment from a multilevel cervical spine fusion. As such, the requested Anterior Cervical Vertebrectomy & Anterior Cervical Fusion C3-C7 followed by posterior cervical fusion with cervical laminectomy C3-C7 is not medically necessary or appropriate.

1 inpatient stay @ [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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.

Pre-op testing: labs (CBC/CMP/PT/PTT/UA) Chest X-ray; EKG at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.