

<b>Case Number:</b>	CM15-0136268		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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

### 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 61 year old female, who sustained an industrial injury on 5-6-2014. She reported a trip and fall with injury to the neck, left arm, left leg and tingling in the hands. Diagnoses include cervical spondylotic myelopathy, left elbow fracture, status post cervical fusion, and pseudo arthrosis. Treatments to date include anti-inflammatory, muscle relaxant, left hand splint and neck brace, physical therapy, and epidural steroid injections. Currently, on 5-29-15, the physician documented radiographic results that revealed a partial cervical fusion completed 1-6-15. There is reported gross motion at the C5-7 fusion site with halo formation at the C7 screws. The provider further documented concern regarding gross mobility of the fused site and prone to catastrophic failure and kyphotic deformity. The plan of care included undergoing cervical re-fusion and associated services. The appeal requested approval of a cervical collar, Miami J collar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior Spinal Fusion with Decompression C4 through C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the request for a revision anterior cervical fusion 5 months from surgery is not appropriate despite motion on flexion/extension views. Further follow-up radiographs are required demonstrating pseudarthrosis at 6 months postoperatively at a minimum with failed conservative management prior to revision posterior cervical fusion. Therefore the request is not medically necessary.

**Preoperative Clearance/Consultation:** 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.

**Pre-op EKG:** 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.

**Pre-op Chest X-ray:** 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.

**Associated service: In-patient Stay 3 days:** 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.

**Pre-op Laboratory Test (unspecified):** 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.

**Retro: Cervical Collar:** 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.

**TEC System (Iceless Cold Therapy Unit DVT cervical wrap) x 14 days:** 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.