MAXIMUS Federal Services

Case Number:	CM15-0141601		
Date Assigned:	08/03/2015	Date of Injury:	07/28/1988
Decision Date:	09/25/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/21/2015

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 60-year-old male, who sustained an industrial injury on 7-28-88. The injured worker has complaints of constant severe sharp and aching neck pain radiating down into both hands right greater than left with numbness and weakness and constant severe sharp low back pain radiating down into both feet with numbness, weakness and pain on top of the feet. The documentation noted that sensation is diminished to a right greater than left C5, C6, C7 and C8 dermatomal distribution. The diagnoses have included multilevel cervical potential pseudoarthroses; prior cervical surgery C2through C7 and inferior collapse of the plate with intrusion into the C7-T1 disc space and marked bone osteophyte production. Treatment to date has included computerized tomography (CT) scan 3/18/15 showed worsening progression of his pathology and there is anterior instrumentation C2 through C7; Suspected C5-6 and C7-T1 pseudarthrosis is suspected. Spinal canal and neural foramina are patent throughout. Magnetic resonance imaging (MRI) showed advanced disc deterioration at the C7-T1 level with marked loss of disc space T2 signal hyperintensity and disc space height and significant bilateral foraminal stenosis. The request was for one removal of anterior cervical plate and screws, inspection of each assessed level to assess latency of the fusion and revision fusion for any levels that are pseudoarthrosed; anterior cervical discectomy and fusion at the C7-T1 levels with possible vertebrectomy of C7; one C2-T2 posterior spinal fusion; one laminectomies from C3-T1; one inpatient stay for four days; one durable medical equipment: hard and soft collar and one pre-operative testing by an internist consisting of labs, electrocardiogram and chest X-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

One removal of anterior cervical plate and screws, inspection of each assessed level to assess latency of the fusion and revision fusion for any levels that are pseudoarthrosed: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from CT scan of 3/18/15, which has significant discrepancy with the treating provider reports. While the patient has radiating pain from the exam notes of but this does not correlate with any imaging findings to warrant pseudarthrosis repair. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

Anterior cervical discectomy and fusion at the C7-T1 levels with possible vertebrectomy of C7: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from CT scan of 3/18/15, which has significant discrepancy with the treating provider reports. While the patient has radiating pain from the exam notes of but this does not correlate with any imaging findings to warrant fusion and possible vertebrectomy at C7. There is no evidence of neural compromise at the central canal or foraminal level to warrant a vertebrectomy. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

One C2-T2 posterior spinal fusion: 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): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from CT scan of 3/18/15, which has significant discrepancy with the treating provider reports. While the patient has radiating pain from the exam notes of but this does not correlate with any imaging findings to warrant C2-T2 posterior spina fusion. There is no evidence of neural compromise at the central canal or foraminal level to warrant a vertebrectomy. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

One laminectomies from C3-T1: 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): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from CT scan of 3/18/15, which has significant discrepancy with the treating provider reports. While the patient has radiating pain from the exam notes of but this does not correlate with any imaging findings to warrant C2-T2 posterior spina fusion. There is no evidence of neural compromise at the central canal or foraminal level to warrant a vertebrectomy. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

One inpatient stay for four days: 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, Hospital length of stay.

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

One DME: hard and soft collar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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

One pre-operative testing by an internist consisting of labs, EKG and 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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