

Case Number:	CM15-0168892		
Date Assigned:	09/09/2015	Date of Injury:	07/30/2010
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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: Illinois, California, Texas
 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:

This injured worker is a 59-year-old male who sustained an industrial injury on 7/30/10. Injury occurred relative to a rollover motor vehicle accident in 1995 with injuries to his neck and back. Past medical history was positive for hypertension. Surgical history was positive for anterior cervical discectomy and fusion at C4-7 in November 2010, anterior cervical discectomy and fusion at C3/4 (records suggest on 9/24/14), and L5/S1 posterior lumbar interbody fusion (date unknown). Social history was positive for smoking. The 8/14/14 cervical spine MRI documented an anterior interbody fusion at C3/4 with a broken inferior screw with minimal displacement. The distal aspect of the screw was still within the vertebral body. He was status post anterior cervical discectomy and fusion from C4 to C7 with adequate post-operative appearance. There was no evidence of high grade central canal or osseous neuroforaminal stenosis. The 3/17/15 lumbar spine CT scan impression documented no evidence of instability or disc herniation. There was a solid anterior fusion with bone bridging at L5/S1 with no evidence of pseudoarthrosis, hardware loosening, or significant adjacent level disc degeneration. There was mild canal stenosis at L4/5 and multilevel lumbar facet arthritis. The 3/18/15 lumbar spine MRI impression documented mild spinal and bilateral foraminal stenosis at L4/5 and anterior and posterior fusion at L5/S1 with laminectomy. At L5/S1, the right neural foramen was partially obscured and could be mildly stenotic. The 7/24/15 treating physician report cited increased neck pain radiating down the bilateral upper extremity to digits 3-5, and increased low back pain radiating down the posterior lower extremities, right greater than left. Medications included Percocet, Soma, Norco, and Mobic. Social history was positive for current smoking, one pack

per day. Physical exam documented ambulation with a cane, normal upper and lower extremity strength and sensation, no clonus, and negative Hoffman's. Authorization was requested for re-do anterior cervical fusion C3/4 and a canvas back brace. The 8/5/15 utilization review non-certified the request for re-do anterior cervical fusion at C3/4 as the injured worker had undergone two prior cervical fusions, with no post-operative MRI or CT scan provided to identify pseudoarthrosis and/or hardware failure to support this request. The request for a back brace was non-certified as there was no indication of instability or spondylolisthesis that would necessitate use of a brace. The 9/22/15 treating physician report indicated that the injured worker had neck pain involving both arms diffusely to digits 3-5 bilaterally, and low back pain radiating down the posterior legs, right greater than left. The CT scan of the cervical spine performed in August of last year showed a solid fusion at C4/5, C5/6, and C6/7. At C3/4, there was no evidence of fusion, so he had a pseudoarthrosis at this level. There was also evidence of hardware failure manifested by a broken screw. A repeat C3/4 anterior cervical discectomy and fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo Anterior Cervical Fusion C3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Discectomy-Laminectomy-Laminoplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Fusion, anterior cervical.

Decision rationale: The California MTUS does not provide recommendations for revision cervical fusion. The Official Disability Guidelines state that pseudoarthrosis is recognized as an etiology of continued cervical pain and unsatisfactory outcome. Treatment options include a revision anterior approach vs. a posterior approach. Regardless of approach, there is a high rate of continued moderate to severe pain even after solid fusion is achieved. The ODG state that because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. Guideline criteria have not been fully met. This injured worker is status post C3/4 anterior cervical discectomy and fusion with records suggesting this was performed on 9/24/14. There is no current clinical exam evidence of nerve root compression. There is no current imaging evidence of the fusion and hardware status at C3/4, with the most recent study performed on 8/14/14, likely pre-operatively. Additionally, this injured worker is reported as a current smoker with no evidence of smoking cessation. Therefore, this request is not medically necessary at this time.

Associated surgical service: Cervical Canvas Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) pages 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have not been met. This injured worker presents with low back pain radiating down both posterior legs, greater on the right. He is status post anterior posterior L5/S1 fusion with solid fusion noted. There is no clinical exam or radiographic evidence of instability at any lumbar level. There is no specific functional assessment relative to the low back or reported occupational requirement to support the need for a back brace. There is no compelling rationale to support the medical necessity of a back brace as an exception to guidelines. Therefore, this request is not medically necessary at this time.