

Case Number:	CM15-0206510		
Date Assigned:	10/23/2015	Date of Injury:	02/21/1997
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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 70 year old female who sustained an industrial injury on 02/21/1997. Medical records indicated the worker was status post C4-C7 fusion with adjacent level pathology and instability at C3-C4 and presumed pseudoarthrosis at C6-C7. In the provider notes of 09-09-2015, the injured worker is seen for neck pain with frequent episodes of "locking up of her neck" and frequent headaches. X-rays demonstrate advanced discogenic collapse at C3-C4 with retrolisthesis which appears to have progressed in comparison to her last set of x-rays. There is solid fusion C4, C5, C6 and C7 with hardware at C6-C7 that seems to be intact. There is notable movement on flexion extension views at the level of C6-C7. On flexion the interspinous distance is 25.4mm and on extension it is 22.1mm. There is worsening of the retrolisthesis at C3-C4 on extension which returns to normal with no retrolisthesis on flexion. The plan is for an anterior cervical discectomy and fusion at C3-C4. A request for authorization was submitted for: 1. Anterior cervical discectomy and fusion at C3-C4. 2. Associated surgical service: Assistant surgeon. 3. Pre-operative clearance consult including labs, chest x-ray and EKG. 4. Associated surgical service: 2 day inpatient hospital stay. 5. Associated surgical service: Up to date MRI of the cervical spine. A utilization review decision certified: Anterior cervical discectomy and fusion at C3-C4; associated surgical service: Assistant surgeon; Pre-operative clearance consult including labs, chest x-ray and EKG. Non-certified: Associated surgical service: Up to date MRI of the cervical spine. Modified: The request for a 2 day inpatient hospital stay to certify one day hospital stay inpatient between 10-08-2015 and 02-05-2016.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 2 day inpatient hospital stay: 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), Neck and Upper Back, Hospital length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck, Topic: Hospital length of stay.

Decision rationale: ODG guidelines recommend the best practice target of 1 day in-patient hospital stay for the requested surgical procedure. As such the request for 2 day in-patient hospital stay is not supported and the medical necessity of the request has not been substantiated.

Associated surgical service: Up to date MRI of the cervical spine: 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), Neck and Upper Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck, Topic: Magnetic resonance imaging.

Decision rationale: ODG guidelines indicate a repeat MRI scan is necessary if there is progressive neurologic deficit or if there is chronic neck pain with radiographs being normal, or chronic neck pain with radiographs showing spondylosis and neurologic signs or symptoms present, or chronic neck pain with radiographs showing old trauma, neurologic signs or symptoms are present, or chronic neck pain with radiographs showing bone or disc margin destruction or in case of suspected or known cervical spine trauma or upper back trauma. In this case the injured worker had undergone an MRI study in the past and there is a prior fusion at C4-5, C5-6 and C6-7. There is evidence of adjacent segment disease at the site of the requested fusion at C3-4 which is chronic and well visualized on the radiographs that document the instability and need for the surgical procedure. The documentation does not indicate any progressive neurologic deficit. A repeat MRI will not change the planned surgical procedure. As such, the medical necessity of a repeat MRI scan has not been substantiated.