MAXIMUS Federal Services

Case Number:	CM15-0209082		
Date Assigned:	10/28/2015	Date of Injury:	11/08/2012
Decision Date:	12/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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 63 year old female, who sustained an industrial injury on 11-8-12. Medical records indicate that the injured worker is undergoing treatment for cervical one-two severe erosive osteoarthritis, cervical three through seven cervical stenosis, bilateral upper extremity radiculopathy, lumbar degenerative spondylosis, multilevel degenerative disc disease and bilateral lower extremity radiculopathy. The injured worker is currently temporarily totally disabled. On (8-4-15) the injured worker complained of severe neck pain with upper extremity radiculopathy. Physical examination was noted to be unchanged. A progress noted date 7-7-15 notes that the injured worker reported right greater than left-sided neck pain with bilateral arm radiculopathy and low back pain with bilateral radiculopathy. The pain was rated 7 out of 10 on the visual analog scale. Objective findings noted no tenderness to palpation over the cervical or lumbar regions. Upper extremity motor examination was 5-5 bilaterally. Sensation was intact in all dermatomes. Treatment and evaluation to date has included medications, one epidural steroid injection, MRI of the cervical spine (8-17-15), and a Computed Tomography scan of the cervical spine. The MRI of the cervical spine (8-17-15) showed that the left neural foramen at cervical two-three was severely stenosed. Also noted was severe degenerative changes of the cervical spine resulting in moderate central canal stenosis at cervical five-six. Significant foraminal stenosis was noted from cervical two-three down to thoracic one-two except cervical seven-thoracic one. The injured worker medications as of 7-7-15 included Tramadol, Tylenol and Mobic. The current treatment request is for a PSF (posterior spinal fusion), cervical 1-2 with instrumentation. The Utilization Review documentation dated 9-25-15 non-certified the request for a PSF (posterior spinal fusion), cervical 1-2 with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSF (posterior spinal fusion), C1-2 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter - Fusion, anterior cervical.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck and upper back, Topic: Fusion, posterior cervical.

Decision rationale: ODG guidelines indicate that patients undergoing occipital cervical fusion or C1-2 fusion is an absolute contraindication for returning to any type of activity with a risk of re-injury such as contact sports because C1 arch is relatively fragile and stability dependence on the status of the peri-odontoid ligaments. The indications for a posterior fusion include rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections and previous laminectomy and in cases where there has been insufficient anterior stabilization. The documentation indicates that the posterior cervical fusion at C1-2 is being requested for degenerative facet arthritis of severe degree, particularly on the right with occipital pain. ODG guidelines do not recommend a posterior cervical fusion at C1-C2 for this indication. As such, the medical necessity of the request has not been substantiated.