

Case Number:	CM15-0211273		
Date Assigned:	10/30/2015	Date of Injury:	09/12/2012
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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 49-year-old male who sustained an industrial injury on 9/12/12, relative to a motorcycle accident. Past medical history was positive for Type 1 diabetes. Conservative treatment had included physical therapy, icing, medications, epidural steroid injection, and activity modification. The 5/14/15 cervical spine MRI impression documented a 3 mm disc bulge at C5/6 causing moderate left and mild right neuroforaminal narrowing, a 3 mm disc bulge at C2/3 causing mild bilateral neuroforaminal narrowing, right greater than left, and disc desiccation at C3/4 with a 2-3 mm disc bulge causing mild left neuroforaminal narrowing. The 7/15/15 cervical spine x-rays impression documented spondylosis at C5/6 with calcification of the anterior longitudinal ligament. The 7/15/15 treating physician report cited increasing grade 8/10 neck pain with upper extremity paresthesia and weakness. Physical exam documented cervicodorsal paravertebral and upper trapezial muscle tenderness, positive Spurling's, radiating pain with tingling and numbness into the lateral forearm and hand consistent with a C6 dermatomal pattern, and 3+/5 to 4-/5 C6 myotomal weakness. There was deterioration from his examination in June 2014, which noted full strength and sensation in the upper extremities. Authorization was requested for a C5/6 anterior cervical discectomy and fusion with associated surgical requests including assistant surgeon, medical clearance, Minerva mini collar, Miami J collar with thoracic extension, and a bone stimulator. The 10/20/15 utilization review certified the requests for C5/6 anterior cervical discectomy and fusion with associated surgical requests for assistant surgeon, medical clearance, and Minerva mini collar. The request for Miami J collar with thoracic extension was non-certified as guidelines do not support the use of cervical collars

after single level anterior cervical fusion with plate. The request for a bone growth stimulator was non-certified as not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Miami J collar with thoracic extension #1: Overturned

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, Cervical collar, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back: Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that post-operative cervical collars are not recommended after single level anterior cervical fusion with plate. Guideline criteria have been met. This patient is at high-risk for failed fusion based on his diabetes. There is no evidence in the surgical request that plate fixation is planned. Given the risk factors, use in a single level cervical fusion without plating would be reasonable. Therefore, this request is medically necessary.

Associated surgical services: Bone stimulator: Overturned

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 & Upper Back, Bone-growth stimulators (BGS).

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: Bone-growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. This injured worker meets the criteria to support the use of a post-operative bone growth stimulator based on the comorbidity of diabetes. Therefore, this request is medically necessary.

