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| Case Number: | CM15-0217563 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 06/05/2002 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 11/04/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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 64 year old female, who sustained an industrial injury on 8-5-2002. The injured worker is undergoing treatment for cervical myelopathy, progressive disc degeneration with spinal cord compression at C6-7 and progressive disc degeneration at C3-4. Medical records dated 10-29-2015 indicate the injured worker complains of neck pain and "difficulty in coordination of the upper and lower extremities." Physical exam dated 10-29-2015 notes hyperactive reflexes, positive Tinel's sign and median nerve paresthesias. Treatment to date has included cervical fusion, electromyogram. Review of 2-23-2015 magnetic resonance imaging (MRI) indicates C6-7 disc protrusion with spinal cord compression and bilateral neural foraminal narrowing. The original utilization review dated 11-4-2015 indicates the request for anterior cervical disc excision and fusion, anterior and posterior cervical fusion C6-C7 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical disc excision and fusion, anterior and posterior cervical fusion C6-C7
Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Neck and upper back, Topic: Fusion, posterior cervical.

Decision rationale: California MTUS guidelines indicate surgical considerations for severe spinovertebral pathology and severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. The injured worker has evidence of spinal cord compression at C6-7 and bilateral neural foraminal stenosis at the same level. As such, an anterior cervical discectomy and fusion is appropriate and medically necessary. However, with regard to the request for a posterior fusion, ODG guidelines indicate that it may be used when there has been insufficient anterior stabilization. The complication rate for a posterior fusion is 10.49%. There is no documentation indicating that the anterior cervical discectomy and fusion will not be sufficient to stabilize the spine. In light of the foregoing, the combined request for anterior and posterior fusion is not supported and the request is not medically necessary and has not been substantiated.