

Case Number:	CM15-0034200		
Date Assigned:	02/27/2015	Date of Injury:	09/14/2000
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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 59 year old male, who sustained an industrial injury on 9/14/2000. The current diagnoses are severe degenerative disc and joint changes from C2-C3 to T2-T3 and severe foraminal stenosis from C3 through T1. Currently, the injured worker complains of ongoing neck pain. Treatment to date has included medications, aqua therapy, chiropractic, and epidural steroid injection series. MRI of the cervical spine on 2/11/2014 shows severe degenerative disc and joint changes from C2-C3 to T2-T3. There is significant cord compression at C6-C7 with severe central canal stenosis at that level. There is mild-to-moderate central canal stenosis at the adjacent levels. There is, however, severe foraminal stenosis from C3 through T1. There is straightening of the cervical lordosis. The treating physician is requesting C3-T1 laminectomies bilateral foraminotomies by C3-T2 posterior segmental instrumented fusion and post-operative physical therapy x 24 visits, which is now under review. On 2/6/2015, Utilization Review had non-certified a request for C3-T1 laminectomies bilateral foraminotomies by C3-T2 posterior segmental instrumented fusion and post-operative physical therapy x 24 visits. The surgery was modified to C3-T1 cervical laminectomies bilateral foraminotomies and the physical therapy to 16 sessions. MTUS and Non-MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-T1 Laminectomies bilateral foraminotomies by C3-T2 Posterior Segmental Instrumented Fusion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back Chapter- Indications for Surgery, 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, Topic: Discectomy, laminectomy, Fusion, posterior cervical.

Decision rationale: Laminectomies have been certified by utilization review. The disputed request pertains to posterior segmental instrumented cervical fusion. ODG guidelines indicate that posterior cervical fusion is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic diseases, infections, and previous laminectomy and in cases where there has been insufficient anterior stabilization. Despite the addition of instrumentation to fusion, a study using strict criteria including abnormal motion between segments, hardware failure, and radiolucency around the screws reported 38% rate of nonunion in patients who received laminectomy with fusion. In a study based on 932,009 hospital discharge associated with cervical spine surgery for degenerative disease, complications and mortality were more common after posterior fusions or surgical procedures associated with a primary diagnosis of cervical spondylosis with myelopathy. The overall percent of cases with complications was 2.40% for anterior decompression, 3.44% for anterior fusion, and 10.49% for posterior fusion. The documentation does not indicate the presence of instability or a kyphotic deformity. However, if there is intra-operative determination by the provider that a posterior fusion is necessary to prevent late kyphosis or if the procedure results in instability, it will be supported by guidelines. Therefore the request as stated is appropriate and medically necessary.

Post-Operative: Physical Therapy x 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 16 visits over 8 weeks for cervical discectomy/laminectomy. The guidelines indicate an initial course of therapy, which is one-half of these visits and then with documentation of objective functional improvement a subsequent course of therapy of the remaining half may be prescribed. The request as stated for 24 visits exceeds the guidelines recommendation and as such, the medical necessity of the request is not established.