

Case Number:	CM14-0125765		
Date Assigned:	08/13/2014	Date of Injury:	03/07/2011
Decision Date:	10/09/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female who sustained an industrial injury on March 07, 2011. Treatment to date has included physical therapy, activity modification, C6-7 fusion in 5/2013, right carpal tunnel release (CTR) in 2013, left CTR on June 24, 2014, C6-7 facet and epidural injection on January 29, 2014, and medications. A peer reviews on July 28, 2014 and June 20, 2014 non-certified the request for posterior cervical fusion at C6-7 and all associated/related requests. Essentially, the medical records failed to establish or confirm psuedoarthrosis at C6-7. On March 25, 2014, she is noted to have delayed healing of the C6-7 fusion, but expected to heal well with time. She had not yet started post-op physical therapy. According to the June 30, 2014 progress report, the patient has significant neck pain. Posterior cervical fusion was denied. She has psuedo-arthritis of the cervical spine, so will do a posterior C4-6 fusion. The cervical MRI findings are noted. Physical examination documents pain with spinal extension and rotation, no focal deficits, good Rom and 5/5 motor strength of the lower extremities, and decreased range of motion of the cervical spine. Treatment plan is posterior cervical fusion at the affected levels. A cervical MRI on July 1, 2014 reveals the impressions: 1. Mild diffuse degenerative disc disease, C5-6, C6-7 anterior discectomy and fusion with normal alignment, and mild scoliosis. 2. C3-4, C4-5, and C6-7 mild spinal canal stenosis with borderline deformity of the anterior cord contour, C4-C5. 3. Right neural foraminal stenosis: Mild C3-4. 4. Left neural foraminal stenosis: Moderate C4-5; mild C3-4, C5-6 and C6-7. 5. Multilevel facet arthropathy; Bilateral C2-C3, bilateral C3-C4, bilateral C4-5, left C5-6, bilateral C7-T1, bilateral T1-T2, right T2-T3, T3-4, and T4-T5. According to the April 17, 2014 qualified medical examination (QME) supplemental report, the patient had written to the QME that she wanted to go back to her job. She tells the QME she wants to be removed from "all restrictions" and want to "go back to full duty". Although she will probably be left with some measurable impairments, he does not

preclude her from returnign to her job - full duty. The July 23, 2014 hand-written primary treating physician's progress report (PR-2) documents the patient reports left upper extremity improved since surgery. Pain is to 4-5/10, night symptoms improved, and N/T improved. Objectively, cervical range of motion decreased in flexion/extension, upper extremity strength 5/5. Authorization for post-operative occupational therapy is requested. She is returned to modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Cervical Fusion at C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Discectomy-laminectomy-laminoplasty, Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Fusion, posterior cervical

Decision rationale: According to the California MTUS Guidelines/ACOEM Practice Guidelines, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated". According to the Official Disability Guidelines, posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. The cervical MRI findings are noted. There is evidence of actual pseudo arthrosis. The medical records fail to establish the patient is a candidate for further fusion surgery, per the referenced guidelines. The medical necessity of the request is not established, the request is not supported by the evidence based guidelines.

An Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. Consequently, consideration for assistant surgeon is not medically necessary

Inpatient Hospital Stay (2-3 days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Hospital length of stay

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. Consequently, the hospital inpatient stay is not medically necessary.

Pre-Operative Labs (comprehensive metabolic panel, prothrombin time / partial thromboplastin time, and complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. The pre-operative labs are not medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. The EKG is not medically necessary.

Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. The chest x-ray is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. The urinalysis is not medically necessary.

Pre-operative medical clearance with in-house doctor along with post-operative hospital visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. Pre-operative clearance and post-op care are not medically necessary.

Cervical hard collar and soft collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Neck and Upper Back Chapter)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. Post-operative devices are not medically necessary.

Post-operative in home physical therapy (2-times per week for 4-weeks); and post-operative outpatient physical therapy (2-times per week for 4-weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. The post-operative physical therapy is not medically necessary.

RN evaluation for wound check with possible home Health Aide services 2-3 hours a day 2-3 times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The medical records do not establish the proposed posterior cervical fusion is indicated and medically necessary. Post-operative RN visits and home health care is not medically necessary.