

Case Number:	CM13-0065264		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2008
Decision Date:	03/17/2015	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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: New York

Certification(s)/Specialty: Neurological 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 58 year old male, truck driver was disconnecting a dolly as it was slipping upwards on June 10, 2008 and had the onset of pain in his neck radiating into his left shoulder and low back. He had had a prior anterior discectomy and fusion on 1/15/2002 at C6-7. On 04/14/2010 he underwent an anterior discectomy and fusion with plating at C5-6. On 10-27-09 he had had a right L5-S1 laminectomy and discectomy. When he saw pain management on 12/19/2011 his diagnoses were degenerative lumbar disc disease, spondylosis without myelopathy, cervical spondylosis without myelopathy, post lumbar laminectomy syndrome, chronic pain syndrome, insomnia and displacement of cervical disc. He was directed to continue Norco 10/325 q 6 hours for pain when he was not driving. He continued to complain of pain in his neck to his shoulder and low back pain. A computed tomography (CT) scan of cervical spine on February 14, 2013 revealed a 1-2 mm in depth broad based posterior disc bulges at C3-4 and C4-5 similar to previous study on February 2, 2011, uncovertebral spondylosis and facet arthropathy between the C3-4 through C5-6 intervals result in stenosis of the neural foramen, status post fusion from C5-7 with incorporation of the fused disc spaces. Magnetic resonance imaging (MRI) of cervical spine on October 7, 2013 revealed fusion hardware was seen from C5-C7 with no changes, posterior spurring and bulging seen at C4-C5 narrowing the thecal sac and some foraminal narrowing on the right at C4-C5 and at C3-C4 which is unchanged from previous scan on February 14, 2013. Currently, the IW complains of neck pain. On November 26, 2013 Utilization Review non-certified a decompression and artificial disc replacement C4-5, preoperative laboratories, chest X-ray, and EKG, preoperative history and physical and P2P neuromonitoring, P2p in patient stay

for 2 days, redo anterior cervical fusion C5-6, noting the MTUS, ACOEM Guidelines, ODG and <http://www.guideline.gov/content.aspx?id=38289> was cited. On November 20, 2013 the provider states the reason for the surgery is his concern about the inevitable breakdown of the disc at C3-4 and the non union of C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION AND ARTIFICIAL DISC REPLACEMENT AT LEVEL C4-C5:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Discectomy Chapter-Disc Prosthesis. Neck Chapter

Decision rationale: In the Discectomy Chapter, the ODG guidelines under disc prosthesis do not recommend artificial disc replacement. They note the investigational status. They note the problem of identifying those likely to respond. They note the limitation of one level in patients with degenerative disc disease. They note the problem with heterotopic ossification and its sure way of providing a fusion. This injured worker has multilevel cervical disc disease and two prior cervical fusions. The guidelines note that artificial disc replacement requires intact ligaments, integrity of facet joints and intact endplates with good bone quality. Moreover, documentation of the results of the cervical epidural injection for this worker does not elucidate a pain generator. The CT and MRI scans had disclosed no change in comparison to the prior scans.

ASSOCIATED SURGICAL SERVICE: PRE-OPERATIVE LABORATORIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK (UPDATED 10/9/13), PRE OPERATIVE TESTING, GENERAL

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested redo anterior cervical fusion and C4-5 artificial disc placement are not recommended, the associated surgical service of pre-operative laboratory tests are not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSOCIATED SURGICAL SERVICE: PRE OPERATIVE CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK (UPDATED10/9/13), PRE OPERATIVE TESTING GENERAL

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested redo anterior cervical fusion and C4-5 artificial disc placement are not recommended, the associated surgical service of pre-operative chest x-ray is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSOCIATED SURGICAL SERVICE: PRE OPERATIVE EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK (UPDATED10/9/13), PRE OPERATIVE TESTING GENERAL

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested redo anterior cervical fusion and C4-5 artificial disc placement are not recommended, the associated surgical service of pre-operative EKG is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSOCIATED SURGICAL SERVICE: PRE-OPERATIVE HISTORY AND PHYSICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289](http://www.guideline.gov/content.aspx?id=38289)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested redo anterior cervical fusion and C4-5 artificial disc placement are not recommended, the associated surgical service of pre-operative history and physical is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSOCIATED SURGICAL SERVICE: NEUROMONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK AND UPPER BACK (UPDATED 5/14/13)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since redo anterior discectomy fusion C5-6 and artificial disc placement C4-5 are not recommended, the associated surgical service of neuromonitoring is not needed.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSOCIATED SURGICAL SERVICE: POST OPERATIVE IN-PATIENT STAY FOR 2 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK AND UPPER BACK (UPDATED 5/14/13), HOSPITAL LENGTH STAY (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation surgical service of post-operative in-patient stay for 2 days is not needed. Since redo anterior discectomy fusion C5-6 and artificial disc placement C4-5 are not recommended, the associated service of post-operative in-patient stay for 2 days is not needed

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

REDO ANTERIOR CERVICAL FUSION C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Spinal Fusion Chapter Neck Chapter-Adjacent segment disease, anterior cervical fusion.

Decision rationale: The ODG guidelines (Spinal Fusion Chapter) for spinal fusion recommend that x-rays document spinal instability. No x-rays are provided which document this. Guidelines recommend the MRI demonstrates spinal pathology correlating with the patient's.