MAXIMUS Federal Services

| Case Number: | CM14-0190180 | | |
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| Date Assigned: | 11/20/2014 | Date of Injury: | 06/03/2011 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

## 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 Spine Surgery, and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported an injury on 06/30/2011. The mechanism of injury occurred while the injured worker was putting cones out on the street. He was struck by a car. He received multiple injuries. The diagnoses included cervical spine status post fusion, left shoulder impingement syndrome, possible rotator cuff injury and sprain/strain, possible left elbow ulnar neuritis and lumbar sprain/strain with probable radiculopathy. Past surgery included a cervical fusion at the C5-6 and C6-7 that was performed in 04/2014. Diagnostic studies were not provided. Medications included Norco, Advil, and Prilosec. The physical examination dated 10/30/2014 of the cervical spine revealed moderate paraspinal spasms posteriorly with mild palpation pain midline in the paraspinal muscles, as well as the intrascapular region on the left. Range of motion was flexion to 30 degrees to the right, extension 20 degrees on the right, and rotation 45 degrees on the right and 45 degrees on the left. Flexion created complaints of mild discomfort. Extension and right and left rotation were done with complaints of moderate discomfort. Motor strength was a 5/5 to the upper extremities. Prior treatments included 6 to 8 visits of physical therapy and cervical epidural steroid injections, along with modified duty. The treatment plan included an anterior cervical decompression and fusion at the C3-4 and C4-5 with an assistant surgeon and a 1 to 2 day inpatient stay. The Request for Authorization, dated 11/20/2014, was submitted with documentation. The rationale for the anterior cervical decompression and fusion was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT: anterior cervical decompression and fusion C3, C4, C4-C5:** 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 Official Disabilities Guidelines (ODG), 18th edition, 2013 updates: neck procedure fusion, anterior cervical

**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, Fusion, anterior cervical

**Decision rationale:** The request for anterior cervical decompression and fusion C3, C4, C4-C5 is not medically necessary. The Official Disability Guidelines recommend as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefits of fusion in general. The criteria for a cervical fusion include acute traumatic spinal injury resulting in cervical spinal instability, osteomyelitis resulting in cervical body destruction, primary or metastatic bone tumor resulting in fracture and instability or spinal cord compression; cervical nerve compression verified by diagnostic imaging and resulting in severe pain and/or profound weakness of extremities; spondylotic myelopathy based on clinical signs and/or symptoms which would include clumsiness of the hands, urinary urgency or onset of bowel or bladder incontinence, frequent falls, hyperreflexia, Hoffman's sign, increased tone or spasticity, loss of thenar or hypothenar eminence, gait abnormality or pathological Babinski's sign, and diagnostic imaging demonstrating spinal cord compression; spinal radiculopathy or nontraumatic instability; significant symptoms that correlate with physical findings and radiologist interpreted imaging reports; clinically significant functional limitation resulting in inability or significantly decreased ability to perform normal activities of daily living or home duties; imaging studies demonstrating cervical nerve compression; repeat surgery at the same level is not recommended; Tobacco cessation because of the high risk of osteoarthrosis; Number of levels: When requesting authorization for cervical fusion of multiple levels, each level is subject to the criteria above. Fewer levels are preferred to limit strain on the unfused segments. If there is multi-level degeneration, prefer limiting to no more than three levels. With one level, there is approximately an 80% chance of benefit, for a two-level fusion it drops to around 60%, and for a three-level fusion to around 50%. But not fusing additional levels meeting the criteria, risks having to do future operations. A review of the documentation indicated that an MRI had not been reviewed by the provider. Additionally, the physical findings did not support the need for a surgery. There was no instability or weakness noted. There was no function measurement of pain documented. The injured worker was not noted to have osteomyelitis. As such, the request is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

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

**1-2 days inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

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