

Case Number:	CM14-0059223		
Date Assigned:	07/09/2014	Date of Injury:	01/10/2002
Decision Date:	01/02/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 injured worker is a 46 year old male who fell 8 feet from a water truck on January 10, 2002 sustaining injuries to his neck and back. The injured worker had a L4-S1 fusion in 2004 with satisfactory results for his lower back. In 2008, the injured worker underwent an anterior cervical 5-7 fusion. Currently the injured worker continues with residual neck pain, shooting pains to the right arm with numbness in the middle fingers and headaches. Current medications consist of Norco, Neurontin, Trazadone, Effexor and Tramadol ER. He also uses hot and cold modalities as well a H-wave for pain. Computed tomography report of December 12, 2013 documents good position and alignment with anterior fusion grafts incorporated at the two fusion levels, but the rest of the disc space is not fused; no plate or screw complication; and multilevel severe foraminal stenosis due to bony degenerative disease, similar to previous magnetic resonance imaging and worse on the right C6-7. Electromyography study on December 10, 2012 was considered a normal study. The injured worker has not returned to work since the injury. Exam note 3/31/14 demonstrates residual neck pain and headaches, shooting pains in the right arm, right hand numbness in the middle fingers. Exam demonstrated painful neck with mild paravertebral muscle spasms, limited movement and positive Spurling sign with numbness in the C6-7 distribution on the right hand, right biceps and brachioradialis reflexes noted to be absent. The treating physician requested an anterior fusion C4-5, revision of fusion C5-7, possible posterior fusion and if approved inpatient length of stay (LOS) to be addressed. On April 17, 2014 the Utilization Review denied certification of the request for the anterior fusion of C4-5 and revision of fusion C5-7 with possible posterior fusion due to insufficient clinical findings to warrant medical necessity. The Medical Treatment Utilization Schedule (MTUS) reference to ACOEM Neck Chapter, Official Disability Guideline (ODG) Neck Chapter and Indications for

Surgery were utilized in the decision process. The inpatient LOS was not certified utilizing Official Disability Guideline (ODG) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior fusion C4-5, revision of fusion C5-7, possible posterior fusion: 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 Disability Guidelines, Indications for Surgery, Discectomy/laminectomy; Neck chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 3/31/14 do not demonstrate any correlating dermatomal findings in the C5 distribution to satisfy the guidelines. There is also no evidence of pseudoarthrosis from the CT scan of 12/12/13 to warrant revision surgery. Therefore the determination is for non-certification as not medically necessary and appropriate.

Inpatient LOS (level of service): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hospital length of stay, Discectomy/cropectomy; Neck and upper back chapter

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.