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| <b>Case Number:</b>   | CM15-0115432 |                              |            |
| <b>Date Assigned:</b> | 06/23/2015   | <b>Date of Injury:</b>       | 05/18/2005 |
| <b>Decision Date:</b> | 08/17/2015   | <b>UR Denial Date:</b>       | 05/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/16/2015 |

### 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: Illinois, California, Texas  
 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:

This injured worker is a 39-year-old male who sustained an industrial injury on 5/18/05. Injury occurred when a tree trunk fell on him causing head, neck, and right shoulder injuries. He underwent anterior cervical discectomy and fusion C4-C7 with instrumentation on 1/28/13. The 4/1/15 cervical spine CT scan findings documented post-operative changes status post anterior cervical discectomy and fusion from C4-C7 with an anterior metallic plate and screws. There was no definite hardware loosening or failure. There was a likely mature bony fusion across the C4/5 disc space but indeterminate at C5/6 and C6/7 with beam hardening artifact extending through all of these disc spaces. The 5/05/15 treating physician report cited significant neck pain radiating to the right shoulder, and numbness into the left hand. He had pain with any type of activities. Physical exam noted significant pain in his lower cervical area with restricted range of motion. Motor exam showed 5/5 strength in the wrist flexion, wrist extension, biceps and triceps. The diagnosis was status post anterior C4 to C7 fusion with instrumentation, and probable pseudoarthrosis C6/7. Pain was likely coming from the pseudoarthrosis at C6/7. Authorization was requested for removal of implants C4-C7, exploration of fusion, anterior cervical discectomy and fusion (ACDF) C6-7 with instrumentation, iliac crest bone graft, with assistant and associated 1 day inpatient stay. The 5/21/15 utilization review non-certified the request for removal of implants C4-C7, exploration of fusion, anterior cervical discectomy and fusion (ACDF) C6-7 with instrumentation, iliac crest bone graft, with assistant and associate one day length of stay. The rationale for non-certification noted limited physical findings correlating with the surgical levels requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Removal of implants C4-C7, exploration of fusion, ACDR C6-7 with instrumentation ICBG with assistant:** Overturned

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

**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; Plate fixation, cervical spine surgery.

**Decision rationale:** The California MTUS does not provide specific recommendations for revision cervical fusion. The Official Disability Guidelines (ODG) state that pseudoarthrosis is recognized as an etiology of continued cervical pain and unsatisfactory outcome. Treatment options include a revision anterior approach vs. a posterior approach. Regardless of approach, there is a high rate of continued moderate to severe pain even after solid fusion is achieved. The ODG indicates that plate fixation is understudy in single-level and multilevel procedures, with most studies (although generally non-randomized) encouraging use in the latter. Guideline criteria have been met. This injured worker presents with significant persistent neck pain and restricted range of motion. Imaging findings were consistent with pseudoarthrosis at the C6/7 level. Detailed evidence of a reasonable and/or comprehensive non-operative treatment and failure has been submitted. Therefore, this request is medically necessary.

**Associated surgical service: 1 day inpatient stay:** Overturned

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

**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: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical fusion is 1 day. Guideline criteria have been met for inpatient length of stay up to 1 day. Therefore, this request is medically necessary.