

Case Number:	CM14-0133428		
Date Assigned:	09/18/2014	Date of Injury:	10/04/2010
Decision Date:	11/18/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

There is a PR2 dated August 27, 2014. It indicates the insured is followed for neck and arm pain. Pain is reported to be worse since being three months after surgery. On examination, the insured is reported to be weak bilaterally rated 4/5 bilaterally. Sensation is decreased at level of C5 distribution bilaterally. There were negative Waddell's signs. There is reported to be a nonunion at the level of C5-C6 with a lucent line through the fusion mass. This was noted by CAT scan. The insured was reported to need redo fusion at the level of C5-C6 anteriorly and posteriorly. There is a CT spine reported April 1, 2014 indicating status post anterior cervical fusion at C5-C6 with prominent posterolateral C5 to C5-C6 with borderline central spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery: anterior cervical discectomy and fusion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <- neck, discectomy

Decision rationale: The medical records support there is persistent neurologic deficit of weakness and sensory loss after previous surgery with imaging supporting persistent spinal stenosis. ODG supports surgery when there is evidence of radicular pain and sensory symptoms, with evidence of motor deficit, and abnormal imaging study corroborating the findings. Therefore, the request for an anterior cervical discectomy and fusion is medically necessary and appropriate.

Bone Stimulator: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - neck, bone growth stimulators

Decision rationale: The medical records support presence of previous surgery that has failed. Bone growth stimulator is supported for the repeat surgery. Therefore, the request for a bone stimulator is medically necessary and appropriate.

Aspen hard collar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - neck, collars

Decision rationale: Collar is medically necessary following the procedure noted as there is combined anterior and posterior approach which affects spine stability and requires collar use following surgery during healing phase. Therefore, the request for an Aspen hard collar is medically necessary and appropriate.

Cervical soft collar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - neck, collar

Decision rationale: Collar is medically necessary following the procedure noted as there is combined anterior and posterior approach which affects spine stability and requires collar use following surgery during healing phase. The request for a cervical soft collar is medically necessary and appropriate.

Cervical collar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - neck, collar

Decision rationale: Collar is medically necessary following the procedure noted as there is combined anterior and posterior approach which affects spine stability and requires collar use following surgery during healing phase. The request for a cervical collar is medically necessary and appropriate.