

Case Number:	CM14-0148264		
Date Assigned:	09/18/2014	Date of Injury:	12/31/2001
Decision Date:	10/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 Surgeon 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 55-year-old female who reported an injury on 12/31/2001. The mechanism of injury was continuous trauma. The injured worker had an artificial disc replacement at C3-4 and C5-6 with a cervical fusion at C4-T1 with plates and screws and an elbow surgery. Prior therapies included physical therapy, trigger point injections, facet injections, acupuncture, and medications. The prior diagnostic studies included multiple MRIs and an EMG. The injured worker had a CT of the cervical spine without contrast on 07/08/2014, which revealed at the level of C3-7, the injured worker had stable postoperative changes of the anterior cervical discectomy with interbody fusion at C3-4, interbody fusion at C4-5, anterior cervical discectomy with interbody fusion at C5-6, and interbody fusion at C6-7, along with anterior cervical discectomy with interbody fusion at C7-T1. There was appropriate arthrodesis. There was straightening of the normal cervical lordosis, and the findings were unchanged. There was an essentially stable CT examination since 05/12/2008 with extensive post fusion changes of the cervical spine. Surgical hardware created artifact distortion, which limited evaluation of the spinal canal at multiple levels. There was no gross osseous spinal canal stenosis identified. There was no fracture or malalignment. There was straightening of the normal cervical lordosis. The injured worker's medications included MS-Contin 30 mg (1 by mouth twice a day), Norco 10/325 mg (1 by mouth 4 times a day), Robaxin 750 mg (1 by mouth every 6 hours), Effexor 150 mg XL, Topamax 150 mg (twice a day for migraines), Relpax #20, Klonopin 0.5 mg (twice a day), and Lidoderm patches (up to 3 times a day). The documentation of 07/30/2014 revealed the injured worker had complaints of cervical spine pain radiating to the thoracic spine area. There were spasm of the paracervical muscles bilaterally upon palpation. The injured worker had decreased range of motion of the cervical spine with pain. The injured worker had tenderness to palpation over the rotator cuff muscles bilaterally. The physician documented the injured worker

had an MRI of the thoracic spine, which revealed adjacent canal breakdown at C7-T3, with subluxation of 1 mm to 2 mm of T1 onto T2, and discogenic collapse at T2-3 and T3-4. There was severe arthropathy of the facet joints. The diagnoses included status post artificial disc replacement at C3-4 and C5-6 with cervical fusion at C4-T1 with plates and screws, adjacent canal breakdown of C7-T3 per thoracic spine MRI, subluxation of 1 mm to 2 mm of T1-T2 per thoracic spine MRI, discogenic collapse at T2-T3 per MRI of the thoracic spine, and T3-4 severe facet arthropathy per thoracic spine MRI. The treatment plan included a surgical fusion from C3-7 with removal of disc arthroplasties and correction of the kyphotic deformity. There was a detailed Request for Authorization submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical fusion from C3-C7 with removal of disc arthroplasties and correction of the Kyphotic deformity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Chapter, Cervical Spine Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that a referral for a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion, and documentation of unresolved radicular symptoms after receiving conservative treatment. Additionally, the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. There would be a lack of necessity for an EMG/NCV, as a fusion does not require myotomal or dermatomal findings. The clinical documentation submitted for review failed to provide the injured worker had radiologic evidence of cervical spine instability through flexion and extension studies. The MRI of the cervical spine failed to indicate the injured worker had a necessity for surgical intervention. Given the above, the request for cervical fusion from C3-C7 with removal of disc arthroplasties and correction of the Kyphotic deformity is not medically necessary.

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-op physical therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1-3 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine, hospital length of stay (LOS) guidelines

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.