

Case Number:	CM13-0018581		
Date Assigned:	10/11/2013	Date of Injury:	04/26/2013
Decision Date:	01/21/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a fifty one year old female who was injured in a work related accident on 04/26/13 sustaining injury to the cervical spine. Clinical records available for review indicate a 10/15/13 orthopedic assessment with [REDACTED] stating subjective complaints of cervical pain with radiating bilateral upper extremity pain, numbness and tingling. Objectively, there was noted to be restricted cervical range of motion with positive Spurling's test and foramen compression test with no documentation of neurologic findings noted. The claimant's left shoulder was noted to be with restricted range of motion and positive impingement. Reviewed at that date was prior MRI report of 06/27/13 that showed the C4-5 level to be degeneration and desiccation of the disc with focal disc protrusion to the left, a prior interbody fusion noted at C5-6 with no positive findings and level noted to be "within normal limits". The C6-7 level was noted to be with disc degeneration and a disc osteophyte complex resulting in moderately severe bilateral foraminal stenosis. It is noted that the recent care had included medication management, therapy, and activity restrictions. There is also documentation of electrodiagnostic studies from 09/27/13 that were abnormal demonstrating chronic changes involving the C6-7 nerve roots bilaterally and mild changes at C6-7 were noted as well. A two level anterior cervical discectomy and fusion with removal of prior hardware was recommended at the C4-5 and C6-7 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C4-5,C6-7; possible removal of instrumentation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines criteria, surgical process would not be supported. The claimant's clinical records fail to demonstrate significant compressive

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines criteria, surgical process would not be supported. The claimant's clinical records fail to demonstrate significant compressive pathology at the C4-5 level or concordant findings on physical examination that would support the role of surgical process. Guidelines indicate that the compressive findings need to be supported by both imaging and physical examination. The absence of the above would fail to necessitate the role of the surgical process in question.

Two day patient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, a two day inpatient length of stay from the above procedure also would not be supported. Official Disability Guidelines would recommend the role of up to one day inpatient stay following anterior cervical discectomy and fusion. The need for surgical process itself has not yet been established in this case, thus negating the need for an inpatient hospital stay.

Co-surgeon Dr. [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon would not be

supported in this case. The role of operative intervention in this case has not yet been established, thus negating the need for a co-surgeon for the above procedure.