

<b>Case Number:</b>	CM13-0019847		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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, has a subspecialty in Spinal 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 claimant is a 47-year-old male with industrial injury from 5/24/11. Exam 8/6/13 demonstrates complaint of neck pain with radiation down bilateral arms. Associated numbness and tingling is reported. Physical examination demonstrates positive Spurling sign, limited range of motion, right biceps weakness and diminished sensation in fourth and fifth fingers in bilateral hands. Cervical MRI from 8/27/11 demonstrates severe spinal canal stenosis at C3/4, severe spinal canal stenosis at C4/5, C5/6 and C6/7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ANTERIOR C3-4,C4-5, C5-6, AND C6-C7 DISCECTOMY WITH INTERBODY FUSION:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG)

**Decision rationale:** The patient meets criteria per the ACOEM and ODG criteria. The claimant has correlating physical examination with clear evidence of severe stenosis on the MRI of the

cervical spine from 8/27/11. The patient presented with biceps weakness and diminished sensation in the 4th and 5th fingers of the hands. The patient has failed nonsurgical management consisting of physical therapy, acupuncture and medication meeting criteria for the requested surgery. Recommend certification for the C3-C7 cervical fusion.

( [REDACTED] ) **ASSISTANT SURGEON:** 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 American College of Surgeons.

**Decision rationale:** According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital.

( [REDACTED] ) **ONE TO TWO DAY HOSPITAL STAY:**  
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 AND UPPER BACK CHAPTER, FUSION

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of inpatient stay. According to the ODG hospital length of stay for cervical fusion, a 1 day inpatient stay is recommended with best practice (no complications) of 1 day. Therefore, a 1 day inpatient stay is certified.