

<b>Case Number:</b>	CM13-0023772		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	11/14/2003
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 clinical records for review indicate a recent June 13, 2013 assessment by [REDACTED] who indicated continued complaints about the neck with chronic dysphagia, headaches, status post prior C5 through 7 anterior cervical discectomy and fusion. He describes junctional level pathology at the C4-5 level with physical examination showing bilateral C5 "symptomatology" with radiographs demonstrating no hardware failure. He states recent electrodiagnostic studies of the upper extremities from April 24, 2013 showed mild bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy. Based on the claimant's continued complaints, he recommended removal of prior C5 through 7 hardware with anterior cervical discectomy and fusion at the C4-5 level and reimplementation of hardware. Further testing includes a cervical MRI from March 9, 2013 which showed the C4-5 level to be with a 3 millimeter disc protrusion with mild to moderate bulge and narrowing of the central canal with mild right sided neural foraminal narrowing and no significant left sided foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C7 removal of cervical spine hardware with inspection of the fusion mass and possible regrafting. And C4 to C5 anterior cervical discectomy with implantation of hardware:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical

**Decision rationale:** Based on California Chronic Pain Medical Treatment Guidelines and supported by Official Disability Guideline criteria, cervical hardware removal with revision fusion procedure to include the C4-5 level given the claimant's prior C5 through 7 surgical procedures would not be indicated. The records in this case fail to demonstrate a compressive neurologic process at the C4-5 level for which surgical intervention would be warranted. The claimant is with negative physical examination findings that do not clinically correlate with the C4-5 level. Furthermore, the claimant's recent cervical MRI scan and electrodiagnostic studies were negative for an acute radicular process for neural compressive pathology. The role of operative intervention based on the claimant's current clinical picture would not be supported.

**DME: Cervical collar, Minevra mini collar #1 and Miami J collar with thoracic extensions #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Cervical collar, post operative (fusion).

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines are silent. When looking at Official Disability Guidelines, a cervical collar would not be supported. No indication for operative intervention in this case has been established thus negating the need for postoperative use of a collar

**Bone Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS) under study.

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines are silent. When looking at Official Disability Guideline criteria, a bone growth indicator would not be indicated. While bone growth stimulators are warranted for multilevel fusions or second fusion procedures,

the nature of surgical intervention in this case has not been established thus negating the need for this postoperative dural medical equipment

**Medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), Independent Medical Examinations and Consultations, pg 127.

**Decision rationale:** Based on California ACOEM Guidelines, medical clearance would not be indicated. The role of surgical intervention has not yet been established thus negating the need for preoperative medical assessment.

**Surgery Assistant:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon for an anterior cervical discectomy and fusion is warranted, however the operative intervention in question has not been supported. The role of this perioperative use of an assistant would not be indicated.

**Inpatient stay 2-3 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical For hospital LOS after admission criteria are met, see Hospital length of stay (LOS).

**Decision rationale:** California Chronic Pain Medical Treatment Guidelines are silent. When looking at Official Disability Guidelines, a two to three day inpatient length of stay would not be

supported. Records at present do not support the role of surgical process, thus negating the need of any inpatient stay.