

Case Number:	CM13-0042724		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2011
Decision Date:	05/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopaedic 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 34-year-old gentleman who was injured on November 27, 2012 sustaining an injury to his neck and right upper extremity. Records indicate that the claimant was treated conservative with failed conservative measures and had continued complaints of neck and upper extremity pain. Surgical intervention took place on February 4, 2013 by [REDACTED]. The claimant had been approved for a C6-7 anterior cervical discectomy and fusion based on preoperative assessment. During the surgical procedure, [REDACTED] indicated that the claimant's etiology was arriving from the C5-6 level and performed a C5-6 anterior cervical discectomy and fusion and did not perform intervention at the C6-7 level. Preoperative assessment in this case from January 23, 2013 indicated a prior cervical MRI scan showed disc osteophyte complexes at both C5-6 and C6-7 with right neural foraminal compromise most noted at the 6-7 level. Neurologic examination at that time showed 5/5 motor strength with equal and symmetrical reflexes, negative Tinel testing with no sensory deficit noted. A two level surgical process was recommended at that time which was ultimately only supported at the C6-7 level. The claimant's operative report by [REDACTED] indicated a preoperative diagnosis of both C5-6 and C6-7 cervical spondylosis with described C6 radiculopathy. His clinical operative findings indicated nerve irritation at bilateral C6 nerve roots thus need for the procedure performed at the one level. He states a decision was made not perform discectomy at the C6-7 level due to the more normal looking appearance of the level at time of operative finding. There is a retroactive request for the role of the surgical process as performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR C5-C6 ANTERIOR INTERBODY FUSION WITH ANTERIOR INSTRUMENTATION, LENGTH OF STAY TIMES 1 DAY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 (ODG), Neck Procedure.

Decision rationale: Based on California ACOEM Guidelines, the role of surgical process that included the C5-6 level opposed to the claimant's C6-7 level would be supported. This would also include Official Disability Guideline criteria that would recommend the role of a one-day inpatient length of stay. At time of operative process, the claimant's pathology was noted to be more consistent with C5-6 level findings. This in and of itself would have been consistent with the claimant's preoperative clinical presentation where there were noted to be findings of both the C5-6 and C6-7 level. Given the treating physician's intraoperative findings, the role of the surgical process as performed is supported.

"Associated surgical service"- ASSISTANT SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th Edition: Assistant Surgeon Assistant Surgeon Guidelines (Codes 21742 To 22849) Cpt® Y/N Description.

Decision rationale: MTUS Guidelines are silent. Based on Milliman Care Guidelines, the role of an assistant surgeon regardless of the level for which surgery was performed would have been necessary.