

<b>Case Number:</b>	CM13-0045973		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 and is licensed to practice in Pennsylvania. 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 was injured on April 20, 2006. The mechanism of injury is unclear. She is with current complaints of neck and upper extremity complaints. A recent clinical report reviewed from August 12, 2013 indicated continued complaints of neck pain with current diagnosis of cervical discopathy status post bilateral carpal tunnel release procedures. Objectively, there was tenderness to the cervical spine to palpation with positive axial loading with described "generalized weakness and numbness" in a nondermatomal fashion to the upper extremities. Reviewed at that time was a recent MRI report dated April 8, 2013 which showed disc desiccation at multiple levels from C4-5 through C6-7 with disc bulging and disc osteophyte complexes resulting in varying degrees of neural foraminal narrowing, mild at the C6-7 level, moderate on the right at the C5-6 level and moderate on the right at the C4-5 level. The claimant was noted to have failed conservative care. Based on current complaints, a multilevel C3 through 7 anterior cervical discectomy and fusion with hardware was recommended for further therapeutic intervention. Further clinical records do not indicate further imaging, physical examination findings or treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3 TO C7 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE:** Upheld

**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): 165.

**Decision rationale:** Based on California ACOEM Guidelines, the multilevel cervical discectomy and fusion would not be indicated. This individual is unfortunately with no indication of clinical correlation between physical examination findings and clinical imaging to support the role of a four level fusion process as requested. The lack of direct clinical correlation between positive physical examination findings of a radicular nature and imaging that does not demonstrate compressive pathology at the four requested levels would not be indicated. Therefore, the request for C3 to C7 anterior cervical discectomy with implantation of hardware is not medically necessary and appropriate.

**INPATIENT STAY TWO TO THREE DAYS:** 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), Hospital Length of Stay (LOS) and Neck and Upper Back Chapter, Hospital Length of Stay.

**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.

**Decision rationale:** California MTUS Guidelines are also silent regarding inpatient length of stay. When looking at Official Disability Guideline criteria, two to three day inpatient length of stay would not be indicated as the need for operative intervention has not been established. Therefore, the request for inpatient stay two to three days is not medically necessary and appropriate.

**CO-SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fchp.org/NR/rdonlyres/9FD61BA7-29B5-4350-A3FO-29B8FE5C2865/0/Assistantsrugonpaymentpolicy.pdf>.

**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).

**Decision rationale:** California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, a co-surgeon would not be indicated as the need for operative intervention has not been established. Therefore, the request for co-surgeon is not medically necessary and appropriate.

**CERVICAL COLLAR: MINERVA MINI COLLAR #1 AND MIAMI J COLLAR WITH THORACIC EXTENSION #1: Upheld**

**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): 173-175.

**Decision rationale:** California MTUS Guidelines would not support the role of a cervical collar as the need for operative intervention has not been established. Therefore, the request for cervical collar: Minerva Collar #1 and Miami J Collar with Thoracic Extension #1 are not medically necessary and appropriate.

**BONE GROWTH STIMULATOR: 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).

**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).

**Decision rationale:** California MTUS Guidelines are silent regarding use of bone growth stimulators. Official Disability Guideline criteria would not recommend the role of this device as the need for operative intervention has not been established. Therefore, the request for bone growth stimulator is not medically necessary and appropriate.

**MEDICAL CLEARANCE WITH INTERNIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Pre-Op Testing General.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 7, 127.

**Decision rationale:** California ACOEM Guidelines would not support the role of preoperative medical clearance as the need for operative intervention has not been established. Therefore, the request for medical clearance with internist is not medically necessary and appropriate.