

<b>Case Number:</b>	CM13-0048508		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/29/2010
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Physical Medicine & Rehabilitation 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 42-year-old male who reported injury on 12/29/2010. The mechanism of injury was noted to be the patient was moving a large conference table by himself, the table was propped up and the patient reached for a dolly, the table fell and crashed the patient on the floor with contact of his hand, arm, back, neck and shoulder. The patient had an x-ray of the cervical spine on 09/26/2013 with the impression of C5-6 and C6-7 anterior fusion remained stable in alignment. The patient had a CT of the cervical spine on 07/26/2013 which revealed anterior cervical fixation and interbody fusion at C5-6 and C6-7. There is osseous fusion or union seen at the inferior endplate of C6. There is otherwise no osseous union (pseudoarthrosis) of the fusion at 2 levels. The patient had a C5-6 with allograft and C6-7 with autograft per surgical history. The patient had an ACDF at C5-7 on 01/30/2013 with an iliac crest graft at C6-7 and allograft at C5-6. The patient had a C5-6 and C6-7 decompression and fusion with instrumentation on 07/26/2013. It was stated the patient had no failure of the implant. The patient's upper extremity motor strength was noted to be 5/5 in all muscle groups. The patient's biceps, brachioradialis, triceps, patellar and Achilles deep tendon reflexes were 1+ and symmetrical. The patient had intermittent dysphagia. Diagnosis was noted to be painful pseudoarthrosis at C5-6 and C6-7 eight months postoperatively. The physician opined the patient should not have a repeat of an anterior procedure for fear of permanent dysphagia and dysphonia unless there is evidence of failure of the locking plate with anterior migration. Additional requests were noted to be for an inpatient stay, assistant surgeon, SSEP and home health skilled nursing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior Cervical C5-6 And C6-7 Fusion Using Right Posterior Iliac Crest Bone Graft And Instrumentation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Fusion.

**Decision rationale:** ACOEM Guidelines indicate that a surgical consultation is appropriate for patients with persistent severe and disabling arm or shoulder symptoms, activity limitation or extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term and unresolved radicular symptoms after receiving conservative treatment. ACOEM Guidelines did not indicate a specific criterion for fusion. As such, secondary guidelines were sought. Official Disability Guidelines indicate a posterior cervical fusion is understudy and a posterior fusion and stabilization procedure is often used to treat cervical instability secondary to rheumatoid arthritis and in cases where there has been insufficient anterior stabilization. It further states predictors of a positive outcome of ACDF include nonsmokers. The clinical documentation submitted for review indicated the patient is a smoker of up to 10 cigarettes per day. There was a lack of documentation indicating that the patient had motivation to stop smoking to increase the possibility of a successful surgery as the patient had a failure of allografts and autografts at C5-6 and C6-7 from the procedure on 07/26/2013. There was lack of documentation of exceptional factors to warrant nonadherenced guideline recommendations. Given the above, the request for posterior cervical C5-6 and C6-7 fusion using right posterior iliac crest bone graft and instrumentation is not medically necessary.

**Inpatient stay (2 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), Cervical Spine, and Official Disability Guidelines (ODG), Neck & Upper Back, 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), Neck & Upper Back, Hospital Length of Stay.

**Decision rationale:** Official Disability Guidelines indicate that the best target practice for an inpatient stay would be 4 days. The request for 2 day stay would be medically necessary if the surgery was approved and medically necessary. As the surgery was not medically necessary, the inpatient stay of 2 days is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons (AAOS), Reimbursement of the First Assistant at Surgery in Orthopaedics, Role of the First Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2011 Surgeons as Assistants at Surgery.

**Decision rationale:** Per the 2011 Surgeons as Assistants at Surgeries an assistant surgeon is always necessary for a cervical fusion. However, as the surgery was not medically necessary the requested assisted surgeon is not medically necessary.

**SSEP:** 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), Cervical Spine and Lumbar Spine guides.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Intraoperative neurophysiological monitoring (during surgery).

**Decision rationale:** Official Disability Guidelines indicate that SSEP is a type of intraoperative monitoring that may be necessary. There is lack of documentation indicating the necessity for SSEP. Additionally, as the requested surgery was not medically necessary, the request for SSEP is not medically necessary.

**Home Health Skilled Nurse x initial and 2 follow up visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. Clinical documentation submitted for review failed to support the necessity for home health services. Additionally, as the request for surgery was not medically necessary, the request for home health skilled nursing x initial and 2 follow-up visits is not medically necessary.