

Case Number:	CM13-0060808		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2009
Decision Date:	05/22/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 55-year-old who was injured in a work related accident on August 28, 2009 sustaining an injury to the neck. Clinical records for review include an October 1, 2013 follow-up indicating ongoing cervical complaints with radiating left greater than right upper extremity pain and numbness. There are also secondary complaints of headaches. Physical examination on that date showed generalized weakness with grip strength bilaterally with left greater than right C5-6 weakness and numbness. There was paravertebral tenderness with spasm. Previous imaging for review included an MRI of the cervical spine reviewed from October 23, 2013 that showed significant spondylosis at multiple levels. The C5-6 level was with neural foraminal narrowing and disc protrusion. Treatment to date has included medications, injections, physical therapy and activity restrictions. A C5-6 anterior cervical discectomy and fusion with hardware was recommended for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE DAYS INPATIENT STAY: 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) Neck & Upper Back (updated 5/14/13).

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.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a three day inpatient stay would not be supported as need for operative intervention in this instance has not been established.

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 ORTHOPEDICS SURGEONS POSITION STATEMENT REIMBURSEMENT OF THE FIRST ASSISTANT AT SURGERY IN ORTHOPEDICS.

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: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon would not be indicated as the need for operative intervention has not been established.

MEDICAL CLEARANCE-HISTORY AND PHYSICAL: 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) Low Back (updated 5/10/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, Page 127.

Decision rationale: California ACOEM Guidelines would not support preoperative history and physical examination as the need for surgical process has not been established.

MEDICAL CLEARANCE-COMplete BLOOD COUNT, PROTHROMBIN TIME, PARTIAL THROMBOPLASTIN TIME, COMPREHENSIVE METABOLIC PANEL, HUMAN IMMUNODEFICIENCY VIRUS,: 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) Low Back (updated 5/10/13), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, Page 127; and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503

Decision rationale: California ACOEM Guidelines do not support the role of preoperative testing as the need for operative intervention has not been established.

ELECTROCARDIOGRAM: 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) Low Back (updated 5/10/13), Criteria for Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: California ACOEM Guidelines do not support the role of preoperative testing as the need for operative intervention has not been established.

URINE ANALYSIS: 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) Low Back (updated 5/10/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: California ACOEM Guidelines do not support the role of preoperative testing as the need for operative intervention has not been established.

C5-C6 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE: Upheld

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 ODG Neck & Upper Back (updated 5/14/13) Discectomy-laminectomy-laminoplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California ACOEM Guidelines currently would not support the role of a C5-6 anterior cervical discectomy and fusion. Clinical records for review fail to demonstrate correlation between the claimant's current physical examination findings and imaging. While the claimant is noted to be with multilevel stenosis, there is a lack of documentation of clear compressive pathology specific to the C5-6 level to necessitate the acute need of surgery. The surgical request in this case to include implementation of hardware would not be supported. The C5-C6 Anterior Cervical Discectomy with Implantation of Hardware is not medically necessary and appropriate.