

Case Number:	CM13-0068911		
Date Assigned:	01/03/2014	Date of Injury:	11/29/2011
Decision Date:	07/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 57 year old female presenting with chronic pain following a work related injury on 11/29/2011. The patient complained of neck and left shoulder pain. The pain is associated with numbness and tingling down the arm. He has tried medications, physical therapy and a bilateral C4-5 and C5-6 epidural steroid injection. MRI of the cervical spine showed an abnormal anterior subluxation of C1 in relation to C2 with widening of the predental space and surrounding the dens, the dorsal ring of C1 is anteriorly subluxed by about 7 mm and indents the dorsal aspect of the cord causing mild to moderate canal stenosis and mild cord compression, as well as multilevel degenerative disc disease most prominent at C6-7. The physical exam was significant for paraspinal muscle spasms, tender to palpation along these muscles. Motor strength is 5-/5 in the dermatome on the left triceps and finger extensors, sensation is decreased to light touch and pinprick in the C6 dermatome on the left. The patient is diagnosed with cervical spondylotic radiculopathy at C5-6 and C6-7 radiculopathy. The provider recommended anterior cervical discectomy and fusion at C5-6 and C6-7 with an assistant surgeon, three days of inpatient stay and 14 days of home health nurse visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: 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 Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopedic Surgeons.

Decision rationale: The request for an assistant surgeon is not medically necessary. According to the American College of surgeons the first assistant to the surgeon during a surgical operation should be trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation an optimal results for the patient. The role of varied considerably with the surgical operation, specialty area, and type of hospital. The first assistant's role has traditionally been failed by a variety of individuals from diverse backgrounds. Practice privileges of those acting as first assistant should be based upon thorough 5 credentials reviewed and approved by the Hospital credentialing community. In general the more complex or risks of the operation the more high training the first Assistant should be. Criteria for evaluating the procedure including anticipated blood loss, anticipated anesthesia time, anticipated incidence of intraoperative complications, procedures requiring considerable judgmental or technical skills, anticipated fatigue factors affecting the surgeon and other members of the operating team, procedures requiring more than one operating team. In limb reattachment procedures at times save the use of 2 operating tissues is frequently critical to limb salvage. It should be noted that reduction and costly operating room time by the simultaneous work up to surgical teams can be cost effective. If the claimant were to have the requested surgical procedure without complications best practice target would not require an assistant surgeon. A surgical technician would be appropriate; therefore the request is not medically necessary.

14 days of Home Health nurse visits, 2 hours per day: Upheld

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

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

Decision rationale: 14 days of home health nurse visits, 2 hours per day is not medically necessary. Per CA MTUS page 51 Home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004). The clamaint was diagnosed with cervical radiculopathy. The claimant condition does not fit criteria for anterior cervical discectomy. Additionally, the claimant does not have a medical condition that denotes he as homebound on part-time or full time basis; therefore the requested services is not medically necessary.

Three (3) days of 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) 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) Hospital Length of Stay.

Decision rationale: Three days of inpatient stay is not medically necessary. Per official disability guidelines surgical procedures involving discectomy/foraminotomy without complications should have a one day stay for best practice target. Surgical procedures involving laminectomy/laminotomy for decompression of spinal nerve root should have a one day stay for best practice target. If the claimant were to have the requested surgical procedure without complications best practice target would require a one day stay; therefore the requested not medically necessary.