

Case Number:	CM14-0102884		
Date Assigned:	07/30/2014	Date of Injury:	05/31/2000
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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:

This 50-year-old male sustained an industrial injury on 5/31/00. The mechanism of injury was not documented. The patient was status post anterior cervical discectomy and fusion at C6/7 in 2000. The 7/6/12 cervical MRI impression documented solid fusion at C6/7 with disc protrusions at C5/6 and C7-T1. There was mild to moderate neuroforaminal narrowing at C5/6 and C6/7. The 4 mm C7-T1 disc protrusion was pushing on the spinal cord, causing significant cord compression and deformity. Electrodiagnostic studies were consistent with C7 radiculopathy. There was prior approval in 2012 for anterior cervical discectomy and fusion with partial corpectomy at C7-T1, and possibly C6/7 based on a second opinion obtained by the carrier. The 6/3/14 treating physician report indicated that the patient was unable to undergo the previously authorized surgery due to family issues. Increasing pain and numbness was noted in the upper extremities. Sensation in the thumb, index and small fingers was not sharp. Motor strength was 5/5. X-rays showed foraminal narrowing on the left at C6-T1 and C5/6. Recent MRI was noted but not available for review. An extension of the prior surgical authorization was requested. The 6/17/14 utilization review denied the request for anterior cervical corpectomy & fusion at C6-C7 and C7-T1 as there was no rationale for the requested surgical level at C6/7, and, an updated MRI was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Corpectomy and Fusion C6-C7, C7-T1: Overturned

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): 179-181.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery that includes chronic cervical pain with evidence of nerve root compromise, including consideration of pre-surgical psychological screening. Guideline criteria have been met. This patient was previously certified for this procedure, having met all surgical criteria. There was a delay in obtaining the surgery due to a family emergency. The patient has presented for treatment with increasing upper extremity pain and numbness. There is imaging evidence of significant cord compression and deformity. Therefore, this request for anterior cervical corpectomy and fusion at C6-C7 and C7-T1 is medically necessary.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Codes 22551 and 22552, there is a 2 in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request for one assistant surgeon is medically necessary.

2 Day In-Patient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay (LOS).

Decision rationale: The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The

recommended median and best practice target for cervical corpectomy and anterior cervical discectomy and fusion is 1 day. Guideline criteria have been not been met. This is no compelling reason presented to support the medical necessity of care beyond guideline recommendations. Therefore, this request for 2 day in-patient stay is not medically necessary.

Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle aged males have known occult increased medical/cardiac risk factors. Given these clinical indications, this request for medical clearance is medically necessary.