

Case Number:	CM14-0014543		
Date Assigned:	02/28/2014	Date of Injury:	09/04/2013
Decision Date:	07/21/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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 is a 62-year-old male with a 9/4/13 date of injury. The patient was injured while performing pressure washing at schools. On 12/30/13, the patient was noted to have a 5-month history of neck pain. The symptoms were unchanged. He continued to have significant neck pain radiating into the shoulders and suprascapular areas with painful radiation into the left arm. His pain ranges from a 3-7/10. Objective exam shows weakness and atrophy in the left deltoid and biceps muscles, reduced pinprick in the left C5 and C6 distributions. An operative report dated 2/3/14 indicated the surgeon did perform an ACDF at C3-4, C4-5, C5-6, and C6-7. Cervical radiographs on 10/11/13 revealed an old fracture of C2 which showed minimal motion on flexion/extension. The MRI of the cervical spine on 11/12/13 showed Multilevel disc disease with disc protrusions in the upper cervical spine, most severely at C3-4, an old fracture of the C2 spinous process, and generalized spondylosis. At C3-4, there is a 3mm disc protrusion with subtle increased signal at the cord. Diagnostic Impression is Multilevel Disc Disease with Disc Protrusions at C3-4, Old fracture of C2 spinous process, Generalized Spondylosis of the Cervical Spine. The treatment to date: physical therapy, activity modification, medication management. A UR decision dated 1/13/14 denied the request for a ACDF for the following reasons: the C6-7 level is fairly clear of disease and the provider is suggesting fusion of this level to prevent future marginal deterioration. Overall, the medical record indicates pre-existing widespread degenerative disease at multiple levels. The radiological studies suggest that the acute finding is at cervical 3-4. There is no record of an ESI performed at that level which might help to establish the "pain generator". The patient is a tobacco smoker, and tobacco use cessation is recommended. The other requests for the 2-day hospital stay, pre-operative clearance, 2 week post-operative visit, and Aspen cervical collar were denied since the surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERV. DISCECTOMY/FUSION, C3-4, C5-6, C6-7 QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter: ACDF.

Decision rationale: The CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. However, this patient has a September of 2013 date of injury, which is only 3 months prior from the surgical request, allowing minimal time for failure of conservative management. There is no clear documentation of failure of conservative management prior to proceeding to surgery, including a cervical ESI. The MRI findings document disc disease at C3-4, but there is minimal disease at C6-7 noted. The surgeon notes that they would like to include C6-7 in the cervical fusion to prevent future disease, but this is not a clear medical indication for an ACDF at this level. Therefore, the request for Cervical Discectomy/Fusion C3-4, C5-6, C6-7 was not medically necessary.

2 DAY HOSPITAL STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are medically necessary.

PRE OP APPT/LABS CBC, UA, PT, PTT, EKG AND CHEST X-RAY QTY 1: 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) Low Back Chapter: Pre-Operative EKG and Lab TestingX Other Medical Treatment Guideline or Medical

Evidence:ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation And Care for Non-Cardiac Surgery.

Decision rationale: The CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change peri-operative management. The ACC/AHA 2007 Guidelines on peri-operative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, the surgical request for the ACDF was not found to be medically necessary, so the associated peri-operative request cannot be substantiated. Therefore, the request for Pre Op Appt/Labs CBC, UA, PT, PTT, EKG, and Chest X-ray was not medically necessary.

2 WEEK POST OP APPT: 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 Since the primary procedure is not medically necessary, the associated services are medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are medically necessary.

ASPEN CERVICAL COLLAR: 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 Since the primary procedure is not medically necessary, the associated services are medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are medically necessary.