

Case Number:	CM14-0015370		
Date Assigned:	02/28/2014	Date of Injury:	08/20/2012
Decision Date:	10/14/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/06/2014

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:

The claimant is a 62-year-old gentleman who injured his neck on August 20, 2012. The clinical records provided for review included a December 2, 2013 progress report noting chief complaints of pain in the neck, chronic headaches, and shoulder blade tension that all failed conservative care including physical therapy, medication management and injections. The cervical examination showed tenderness to palpation with dysesthesias in a C5 through C7 dermatomal distribution with positive Spurling's test and no documented weakness. The report of the December 2013, electrodiagnostic studies showed moderate carpal tunnel syndrome, but no evidence of radiculopathy. The report of a cervical MRI dated August 31, 2012 showed broad based disc protrusions at C5-6 and C6-7 with disc osteophyte complex and exiting foraminal narrowing. There was no further imaging available for review. This request is for a four level C3 through C7 anterior cervical discectomy and fusion with hardware placement. It is been documented that the surgical request in this case has been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 2-3 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- NECK AND UPPER BACK

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: neck procedure - Hospital length of stay (LOS) ODG hospital length of stay (LOS) guidelines: Cervical Fusion, Anterior (81.02 -- Other cervical fusion, anterior technique) Actual data -- median 1 day; mean 2.2 days ($\hat{A}\pm 0.1$); discharges 161,761; charges (mean) [REDACTED] Best practice target (no complications) -- 1 days

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a two to three day hospital stay would not be supported. Regardless of level of fusion, the Official Disability Guidelines a one day inpatient hospital stay. The specific request in this case for two to three days exceeds the guidelines and would not be supported as medically necessary.

PROSPECTIVE REQUEST FOR 1 CO-SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES: CPT PROCEDURE CODE INDEX "2" CPT CODES MUSCULOSKELETAL SYSTEM SURGERY

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: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21742 to 22849)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Milliman Care Guidelines would support the role of an assistant surgeon for a multilevel cervical fusion. Request in this case would be supported.

PROSPECTIVE REQUEST FOR 1 CERVICAL COLLAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181.. Decision based on Non-MTUS Citation (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: neck procedure -neck brace, post operative (fusion)

Decision rationale: While California ACOEM guidelines typically do not recommend the use of post surgical collars, the request in this case would be supported. When further looking at Official Disability Guidelines, cervical collars are recommended for multilevel surgical processes in the postoperative setting. While they have not been known to change clinical outcome the use of a collars following a four-level fusion surgery would aid in comfort and activities of daily living. The request is medically necessary and appropriate.

PROSPECTIVE REQUEST FOR 1 MINERVA MINI COLLAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181.

Decision rationale: California ACOEM Guidelines would not support the use of a mini collar. The need for a cervical collar has already been established in this case. There would be no indication for two collars or indication of continued use of a collar in the subacute setting of rehabilitation. Request in this case would not be supported.

PROSPECTIVE REQUEST FOR 1 MIAMI J COLLAR WITH THORACIC EXTENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- NECK AND UPPER BACK (ACUTE & CHRONIC, PROCEDURE SUMMARY- PROCEDURE/TOPIC- BACK BRACE, POSTOPERATIVE (FUSION)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181.

Decision rationale: California ACOEM Guidelines also would not support the use of a Miami collar. As stated above, one collar has already been approved for use following surgery. There would be no indication for chronic use of collars or multiple collars given the claimant surgical process.

PROSPECTIVE REQUEST FOR 1 BONE STIMULATOR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- NECK AND UPPER BACK (ACUTE & CHRONIC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS)

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for a bone stimulator would be supported. Clinical indications for use of the bone growth stimulator would include multilevel fusion. This individual's to undergo a four level anterior cervical dissecting the infusion procedure. The nature of the surgical crest alone would satisfy the ODG Guidelines and is recommended as medically necessary.

PROSPECTIVE REQUEST FOR 1 MEDICAL CLEARANCE WITH INTERNIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SURGERY GENERAL INFORMATION AND GROUND RULES, CALIFORNIA OFFICIAL MEDICAL FEE SCHEDULE, 1999 EDITION, PAGES 92-93

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: California ACOEM Guidelines would support preoperative medical clearance. The claimant is undergoing aggressive multilevel cervical surgery that will require significant anesthesia time, hospital stay and potential blood loss. Therefore, the request for preoperative assessment from a medical standpoint would be supported as medically necessary.