

Case Number:	CM14-0136124		
Date Assigned:	09/03/2014	Date of Injury:	12/18/2009
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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 fellowship trained in Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 57 year old female who had a work related injury on 12/18/09. The injured worker works as a paralegal, which requires long hours with constant sitting, bending, lifting, twisting, reaching, pulling, and computer work. With these repetitive type motions and activities, she had developed pain predominantly in her neck that radiates into her right greater than left shoulder area. She reported her injury on 12/18/09 and since then has been treated with 3 epidural steroid injections which were very effective for her. She has had 12 visits of physical therapy without any significant relief of symptoms. She had an EMG on 04/14/14 which showed mild acute C6 radiculopathy on the right. MRI of the cervical spine dated 04/16/14 at C1-2 level there is preservation of the disc space. The transverse ligament appears normal. C2-3 level the disc has normal annular contour. Spinal canal and neuroforamen at adequate in caliber. At C3-4 level there is a 3mm disc bulge end plate osteophyte complex which results in very mild narrowing of the right neuroforamen and mild narrowing of the left neuroforamen. The spinal canal is adequate in caliber. The findings at this level are unchanged. C4-5 level there is a 1mm disc bulge end plate osteophyte complex which minimally indents the ventral contour of the thecal sac. The spinal canal and neuroforamen are adequate in caliber. The findings at this level are unchanged. C5-6, there is a 3-4mm posterior and left foraminal disc bulge end plate osteophyte complex which contacts and mildly flattens the spinal cord and results in marked narrowing of the left neuroforamen. No abnormal signal was seen within the spinal cord. Spinal canal measures 10mm in AP diameter. C6-7 level, there is a 2mm posterior disc bulge which minimally indents the ventral contour of the thecal sac. The spinal canal and neuroforamen are adequate in caliber. The findings at this level are unchanged. The most recent medical record dated 08/25/14 the injured worker states her neck symptoms have remained unchanged. She continues to work modified duties. She is currently waiting for authorization to return to [REDACTED]

██████ and renewal for surgery. On physical examination, she is alert and in no apparent distress and looks her given age. She is well-developed and well-nourished. She is active and ambulates without assistive aids. She is oriented x 3. Cervical spine, moderate bilateral paracervical spasm and tenderness. Reduced range of motion. Neurocirculatory examination is intact bilateral upper extremities. Diagnoses cervical spinal stenosis. Physical examination on 06/30/14 ████████, orthopedic surgeon, shows she is non-antalgic, non-spastic gait pattern. Her head and neck are in neutral. Her posture is straight and upright. She has tenderness across the base of her cervical region. She has very restricted range of motion in all planes secondary to pain. She has a positive Spurling's with extension and rotation to the right and left. She has no major motor deficits. She does have decreased sensation to pinwheel prick in her right thumb and index finger. She has negative Hoffman. No clonus. Prior utilization review on 07/29/14 was non-certified. The injured worker has been treated with medication, epidural steroid injections, trigger point injections, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 Anterior Cervical Discectomy Fusion with Instrumentation,: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The request for C5-6 Anterior Cervical Discectomy Fusion with Instrumentation is medically necessary. The clinical documentation submitted for review supports the request. She has a positive Spurling's with extension and rotation to the right and left. She does have decreased sensation to pinwheel prick in her right thumb and index finger. MRI, C5-6, there is a 3-4mm posterior and left foraminal disc bulge end plate osteophyte complex which contacts and mildly flattens the spinal cord and results in marked narrowing of the left neuroforamen. She has failed physical therapy, ESI, and medication management. As such, medical necessity has been established.

Assistant Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics <http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013)

Decision rationale: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a 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 and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. As such, medical necessity has been established.

Day Hospital Stay: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for one day hospital stay is medically necessary. The guidelines state that for anterior fusion of cervical spine without complications, one day stay is appropriate. Therefore medical necessity has been established.

Medical Clearance: Lab Work, Chest X ray, EKG, UA MRSA Screen: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG online version, Preoperative testing, general

Decision rationale: The request for medical clearance lab work, chest x-ray, EKG, UA, MRSA screen is medically necessary. Given the injured workers age of 57, pre-op medical clearance is appropriate. Medical necessity has been established.

Spinal Cord Monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Intraoperative neurophysiological monitoring (during surgery)

Decision rationale: The request for is not Spinal Cord Monitoring is not medically necessary. The ACDF procedure is not utilizing pedicle screws, so the chance of nerve injury is minimal, making it a low risk surgery, and not recommended in low risk elective surgery. Therefore medical necessity has not been established.

Aspen Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, neck brace, post operative (fusion)

Decision rationale: Not recommend cervical collar after single-level anterior cervical fusion with plate. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. Therefore, medical necessity has not been established.