

Case Number:	CM14-0162729		
Date Assigned:	10/27/2014	Date of Injury:	04/24/2012
Decision Date:	11/26/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 46-year-old male who reported an injury on 04/24/2012. Reportedly while the injured worker was working as a technical staff associate, lifting heavy boxes, he felt a popping pain to his neck and left shoulder. The injured worker's treatment history included physical therapy, multiple corticosteroid injections, MRI studies of the cervical spine, medications, and EMG studies. The injured worker had undergone an MRI of the cervical spine on 06/24/2014 that revealed 4 mm broad posterior right paracentral disc protrusion at C6-7 with resultant mild spinal stenosis. There was a 2 mm to 3 mm broad posterior disc protrusion at C5-6 which indents the anterior thecal sac but does not result in significant spinal stenosis. There was a 1 mm to 2 mm posterior central disc protrusion at C4-5 which indents the interior thecal sac but does not result in significant spinal stenosis. There was moderate bilateral neural foraminal narrowing at C5-6 in the basis of uncovertebral spondylosis. On 09/11/2012, the injured worker had undergone an official MRI of the cervical spine that revealed there was mild disc bulging. There was some intervertebral spurring present. There was minimal encroaching of the neural foramina. There was no central stenosis. At C6-7, there was mild disc bulging without stenosis. On 11/25/2013, the injured worker had undergone an official EMG/NCV study that revealed normal findings. The most recent progress report dated 08/27/2014 reported the injured worker was evaluated and it was documented the injured worker complained of severe neck pain and left shoulder radicular pain rated at 9/10 on the pain scale. He had pain, numbness and weakness going down into his left hand. It radiates into the thumb, index and long finger, consistent with C6-7 radiculopathy. He has failed all forms of conservative care including physical therapy, medication and others. The injured worker does not wish to do additional injections. The injured worker states the symptoms are no worsening and severe in nature, 9/10 at its worst. He gets sharp pain down both arms and associated numbness in similar distribution to the hand. He states

that the pain is 50% neck and 50% arm. He states that the pain wakes him up from sleep at night. Physical examination of the cervical spine revealed a decreased range of motion due to pain. He had full range of motion of the shoulders without pain. Strength testing was 5/5 from C5-T1 in the bilateral upper extremities, but noted to be limited due to his neck pain. In the bilateral lower extremities, from L1-S1, he had 5/5 strength testing. Sensory was intact except for decreased to the left hand in C6 distribution. His pulses were 2+ throughout. His deep tendon reflexes are 1+ throughout. He had negative clonus and a negative Hoffman's and a positive Spurling's test to the left side. The provider documented the injured worker had a new cervical MRI that revealed significant C5-6 and C6-7 herniated nucleus pulposus causing neurologic compression; however, those findings were not submitted for this review. Diagnoses included cervical herniated nucleus pulposus with radiculopathy. The Request for Authorization dated 09/30/2014 for cervical decompression fusion at C5-6 and C6-7, assistant surgeon, 2 to 3 day inpatient stay, pre-operative labs, pre-operative EKG, pre-operative chest x-rays, pre-operative clearance with internal medicine specialist, 2 to 3 post-operative hospital visits for internal medicine specialist, 1 hard collar, 1 soft collar, a post-operative in home physical therapy sessions, 8 post-operative outpatient physical therapy sessions, 1 RN evaluation with wound check, and 4 weeks of home health aide services at 2 to 3 hours a day for 2 to 3 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical decompression fusion at C5-6, C6-7: Upheld

Claims Administrator 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 (Acute & Chronic), Discectomy

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

Decision rationale: The request for anterior cervical decompression fusion at C5-6, C6-7 is not medically necessary. According to the California MTUS/ACOEM do not recommend discectomy or fusion without conservative treatment 4 to 6 weeks minimum. Discectomy or fusion for non-radiating pain or in absence of evidence of nerve root compromise. There was limited clinical evidence of radiculopathy. The documentation submitted for review had an official EMG/NCV report from 11/25/2013 that read as normal. The injured worker had undergone an official MRI study of the cervical spine that revealed at C4-5 there was mild disc bulging without stenosis, C5-6 there was mild disc bulging, there was some intervertebral spurring present, there was minimal encroaching of the neural foramen, there was no central stenosis, C6-7 there was mild disc bulging without stenosis. Additionally, the outcome measurements were not submitted for review for prior chiropractic sessions and physical therapy sessions. As such, the request for anterior cervical decompression fusion at C5-6, C6-7 is not medically necessary.

Associated surgical service: 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), Hospital length of stay (LOS) guidelines

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, Surgical Assistant

Decision rationale: The request for assistant surgeon is not medically necessary. The Official Disability Guidelines (ODG) recommends surgical assistant as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Only one assistant surgeon for each procedure is a reimbursable service, without exceptions for teaching hospitals or hospital bylaws. As such, the request for an assistant surgeon is not medically necessary.

Associated surgical service: 2-3 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

Decision rationale: The requested for 2-3 day in-patient stay is not medically necessary. According to the Official Disability Guidelines the hospital recommended stay based on the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the midpoint, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24 hour day that a patient occupies a hospital bed, so a 23 hour admission would have a length of stay of zero. Of recent lumbar discectomy cases, 62% underwent an inpatient hospital stay after surgery, whereas 38% had outpatient surgery, and outpatients had lower overall complication rates than those treated as inpatients. The request for 2-3 day in-patient stay is not medically necessary.

Associated surgical service: Pre-operative labs (CMP, PT, PTT, CBC, UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians - Medical Specialty Society. 2006 Apr 18.

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 & Lumbar & Thoracic (Acute & Chronic) Preoperative lab Testing

Decision rationale: The requested is not medically necessary. According to the Official Disability Guidelines (ODG) recommends preoperative testing, general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The request for pre-operative labs (CMP, PT, PTT, CBC, and UA) is not medically necessary.

Associated surgical service: Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General, Preoperative Electrocardiogram (ECG)

Decision rationale: The request for pre-operative EKG is not medically necessary. Per the Official Disability Guidelines (ODG) recommends pre-operative EKG for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Preoperative ECGs in patients without known risk factors for coronary disease, regardless of age, may not be necessary. Preoperative and postoperative resting 12 lead ECGs are not indicated in asymptomatic persons undergoing low-risk surgical procedures. Low risk procedures (with reported cardiac risk generally less than 1%) include endoscopic procedures; superficial procedures; cataract surgery; breast surgery; and ambulatory surgery. An ECG within 30 days of surgery is adequate for those with stable disease in whom a preoperative ECG is indicated. The request for pre-operative EKG is not medically necessary.

Associated surgical service: Pre-operative chest x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Jul

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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General

Decision rationale: The requested for pre-operative chest x-ray is not medically necessary. According to the Official Disability Guidelines (ODG) recommends preoperative testing, general. Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. The request for pre-operative chest x-rays is not medically necessary.

Associated surgical service: pre-op clearance with Internal medicine specialist: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General

Decision rationale: The request for pre-operative clearance with internal medicine specialist is not medically necessary. The Official Disability Guidelines state preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations 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, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying injured workers at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. The request for pre-operative clearance with Internal medicine specialist is not medically necessary.

Associated surgical service: 2-3 post-operative hospital visits with internal medicine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back chapter (Acute & Chronic)

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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General

Decision rationale: The request for 2-3 post-operative hospital visits with internal medicine specialist is not medically necessary. As the requested surgical intervention is not supported by the documentation, the requested associated service is also not supported. Therefore, this request is not medically necessary.

Associated surgical service: 1 hard collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back chapter (Acute & Chronic), Cervical Collar- Postoperative (fusion)

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 Complaints, Collar Cervical

Decision rationale: The request for 1 hard collar is not medically necessary. The Official Disability Guidelines (ODG) state that cervical collars are not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. The request for 1 hard collar is not medically necessary.

Associated surgical service: 1 soft collar: 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 chapter (Acute & Chronic), Soft Collars

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 Complaints, Collar Cervical

Decision rationale: The request for 1 soft collar is not medically necessary. The Official Disability Guidelines (ODG) states that soft collars not recommended. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using soft collars are less effective, and not recommended for treating whiplash patients. The request for 1 soft collar is not medically necessary.

Associated surgical service: 8 post-operative (in home) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 8 post-operative outpatient physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 1 RN evaluation with wound check: 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), Neck and Upper Back chapter (Acute & Chronic), Home health services

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 4 weeks home health aide services (2-3 hrs a day, 2-3 days a week): 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), Neck and Upper Back chapter (Acute & Chronic), Home health services

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.