

<b>Case Number:</b>	CM14-0024342		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 45-year-old female sustained an industrial injury on 11/22/12. The 6/4/13 cervical MRI impression documented right paracentral C6/7 disc protrusion extending posteriorly 4 mm causing spinal cord compression to the right, borderline spinal stenosis at C5/6, moderate spondylosis anteriorly at C5, C6, and C7, mild disc narrowing at C4/5, and moderate disc narrowing at C5/6, and C6/7. At C5/6, there was an annular bulge with posterior osteophytes extending 2 mm, with spinal cord diameter reduced to 9.5 mm with mild flattening of the cord. The 12/20/13 initial orthopedic surgeon report cited subjective complaints of right-sided neck, upper back, left shoulder and arm/forearm, and left hand pain, with intermittent headaches. Physical exam findings documented bilateral posterior neck trigger points, bilateral trapezius spasms, positive Spurling's at both shoulders and left elbow and hand, generalized muscle weakness secondary to neck pain, 4/5 bilateral lateral flexion and left rotation strength, and mild to moderate loss in cervical range of motion. There was decreased C7 and C8 sensation on the left. There was severe pain with flexion, moderate pain with bilateral lateral flexion, and mild pain with left rotation. The diagnosis was cervical radiculitis/neuritis, and cervical 2 to 4 mm disc herniations without myelopathy. The treatment plan indicated that the patient had suffered from neck pain with radiation for a long time and had failed treatment with various non-operative treatments and medications. Epidural steroid injections at C5-7 and physical therapy 3x3 were recommended, and medications dispensed. The 1/29/14 progress report cited subjective complaints of neck pain radiating to the right shoulder, arm and elbow, and neck weakness and tension. The patient reported her arms were getting weaker, she was having a lot of difficulty doing her hair, and her neck would catch and lock. Grip strength was fairly symmetric at 30/32/26 on the right and 30/34/36 on the left. Physical exam findings documented range of motion -10-20, bilateral pain at C4, 6 and C4/5, and positive Spurling's both arms. AME report

recommendations were noted to include cervical spine surgery. A C5-7 anterior discectomy and fusion with instrumentation, allograft, and any repair was recommended with assistant surgeon, medical clearance and labs, and cell saver. Records indicated that this patient had type II diabetes and underwent thyroidectomy in 2013. Past medical history was positive for multilevel cervical injuries and recommendation for surgery prior to the 11/22/12 industrial injury based on a failure of comprehensive conservative treatment. The 2/11/14 utilization review denied this surgical request based on an absence of clinical documentation of a cervical radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **C5-7 ANTERIOR DISCECTOMY AND FUSION INSTRUMENTATION, ALLOGRAFTING AND ANY REPAIR: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**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, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

**Decision rationale:** Under consideration is a request for C5-7 anterior cervical discectomy and fusion with instrumentation, allografting, and any repair. California Medical Treatment Utilization Schedule guidelines do not address cervical surgeries for chronic injuries. The Official Disability Guidelines recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have been met. MRI findings documented disc protrusions with cord compression at C6/7, and spinal cord diameter reduced to 9.5 mm with mild flattening of the cord at C5/6. There is evidence of decreased sensory symptoms in a cervical distribution consistent with MRI findings, a positive Spurling's test, and complaint of progressive weakness. The patient has failed reasonably comprehensive non-operative treatment, including medications, activity modification, physical therapy, and epidural steroid injection. A negative steroid reaction was documented. Therefore, this request for C5-7 anterior cervical discectomy and fusion with instrumentation, allografting, and any repair 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 Centers for Medicare and Medicaid services, Physician Fee Schedule.

**Decision rationale:** Under consideration is a request for one assistant surgeon. California MTUS guidelines do not address the appropriateness of surgical assistants. 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 Code 22551, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request one assistant surgeon is medically necessary.

**MEDICAL CLEARANCE WITH CBC, BMP, UA, EKG, PREG, PT/PTT:** 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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic; Pre-operative lab testing.

**Decision rationale:** Under consideration is a request for medical clearance with CBC, BMP, UA, EKG, PREG, and PT/PTT. The California MTUS guidelines do not provide recommendations for this service. The Official Disability Guidelines state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In general, guidelines support urinalysis for patients undergoing implantation of foreign material, electrolyte and creatinine testing in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, and a complete blood count when significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guidelines criteria have been met. The requested medical clearance with pre-operative testing appears reasonable based on patient age, history of diabetes, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request for medical clearance with CBC, BMP, UA, EKG, PREG, and PT/PTT is medically necessary.

**CELL SAVER:** 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 Elgafy H, Bransford RJ, McGuire RA, Dettori JR, Fischer D. Blood loss in major spine surgery.

**Decision rationale:** Under consideration is a request for cell saver. The California MTUS and Official Disability Guidelines are silent regarding the use of cell saver. Current peer-reviewed literature stated that significant hemorrhage and associated comorbidities in spinal fusion surgery have not been clearly identified and concluded that there was no consensus definition of significant hemorrhage in adult spine fusion surgery. On the basis of the current literature, there is little support for routine use of cell saver during elective spinal surgery. There is no compelling reason to support the medical necessity of cell saver for this patient relative to increased risk factors for hemorrhage. Therefore, this request for cell saver is not medically necessary.