MAXIMUS Federal Services

Case Number:	CM14-0070490		
Date Assigned:	08/08/2014	Date of Injury:	10/16/2008
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 74-year-old male who reported injury on 10/16/2008 who sustained injuries to his neck when involved in a rear end motor vehicle accident. The injured worker's treatment history included CT scan, MRI studies, EMG/NCV studies, physical therapy, medications, and surgery. On 03/10/2014, the injured worker had undergone an EMG/NCV study that showed evidence of chronic left C6-7 radiculopathy and mild bilateral median neuropathies at the wrist. Some tenderness was present. There was evidence of C6-7 severe foraminal narrowing and EMG/NCV evidence of C6-7 radiculopathy that supports fusion at the level adjacent to the prior C3-6 anterior fusions. There was limited clinical evidence of radiculopathy. On 03/13/2014 the injured worker had undergone a cervical spine MRI that showed evidence of the prior C3-6 anterior fusions with plate and screws. Diffuse disc desiccation was present. Moderate loss of disc height was present at C6-7 along with a 2 mm to 3 mm disc osteophyte complex and mild facet hypertrophy and moderate uncovertebral joint spondylosis causing server foraminal narrowing. Foraminal narrowing was also present at C4-5 and C5-6. The injured worker was evaluated on 03/10/2014 and it was documented the injured worker complained of neck, both shoulder, low back pain. The provider recommended a CT scan to rule out nonunion of the cervical spine and electrodiagnostic studies. Cervical pain radiating to his shoulders was present but no numbness or tingling was reported. Some stiffness and crepitation was reported. His shoulders felt weak. Low back pain radiated to his buttocks without numbness or tingling. Activity increased his pain. Cervical guarding and some limitation of motion with terminal motion pain were present. Some shoulder motion limitation was noted. Some generalized tenderness was noted. Gait was normal. Lumbar motion was slightly limited and straight leg raising tests mildly positive. Neurological testing showed bilateral shoulder weakness in abduction and some C5-6 and C6-7 stenosis was present. He provided a 49% whole

person permanent impairment rating. The injured worker was evaluated on 03/24/2014 and it was documented that the injured worker complained of continued neck pain with left greater than right shoulder radiation. Cervical motion was restricted and C6-7 tenderness was reported. No frank motor strength deficits were found. Diagnoses included adjacent level foraminal impingement at C6-7, left greater than right, and residual C4-5 foraminal stenosis, left greater than right, with remote fusion from C3-6. The authorization dated 06/10/2014 was for C4-5, C6-7 anterior cervical discectomy fusion with instrumentation, 2 day hospital stay, preoperative clearance lab work, UA, preoperative clearance EKG, chest x-ray, assistant for surgeon, spinal cord monitoring, and postoperative purchase of cervical brace. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5, C6-7 anterior cervical discectomy fusion with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for C4-5, C6-7 anterior cervical discectomy fusion with instrumentation 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 nonradiating pain or in absence of evidence of nerve root compromise. The documentation that was submitted for review indicated C6-7 severe foraminal narrowing and EMG/NCV evidence of C6-7 radiculopathy that supports fusion at the level adjacent to the prior C3-6 anterior fusions. There was limited clinical evidence of radiculopathy. It is unclear why C4-5 anterior fusion is now recommended since that procedure has already been performed and there was no evidence of pseudarthrosis that would require refusion. The request as submitted is not supported by clear evidence of medical necessity for the C4-5 fusion. The C6-7 anterior fusion is consistent with CA MTUS Guidelines but not the C4-5 fusion. Based on the absence of evidence supporting the C4-5 fusion request, is not medically necessary.

Assistant Surgeon: Upheld

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

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

Decision rationale: The request for assistant surgeon is not medically necessary. According to the California MTUS/ACOEM state that you must have supporting clear evidence of medical necessity for an anterior cervical discectomy fusion with instrumentation. It is unclear why C4-5 anterior fusion is now recommended since the procedure has already been performed and there is no evidence of pseudarthrosis that would require refusion. Based on the absence of evidence supporting the C4-5 fusion the request for the assistant surgeon is not medically necessary.

Spinal Cord Monitoring: Upheld

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

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

Decision rationale: The request for spinal cord monitoring is not medically necessary. According to the California MTUS/ACOEM recommend that spinal cord monitoring is done to clarify nerve root dysfunction in cases of suspected disc herniation, preoperatively, or before epidural injection. Additionally, spinal cord monitoring is optional if spinal stenosis or myelopathy is suspected. It is unclear why C4-5 anterior fusion is now recommended since the procedure has already been performed and there is no evidence of pseudarthrosis that would require refusion. The request as submitted is not supported by clear evidence of medical necessity for the C4-5 fusion. As such, the request for the spinal cord monitoring is not medically necessary.

Two (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 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 two day hospital 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 that 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 submitted failed to indicate the date of the surgery. In addition, the injured worker has already had C4-5 anterior fusion. Given the above, at this time it is not medically necessary.

Preoperative Clearance: Lab work, UA: 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 & 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 submitted failed to indicate the date of the surgery. In addition, the injured worker has already had C4-5 anterior fusion. Given the above, at this time it is not medically necessary.

Preoperative Clearance: EKG: 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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General. Preoperative Electrocardiogram (ECG).

Decision rationale: The request for preoperative EKG not medically necessary. Per the Official Disability Guidelines (ODG) recommends pre-op EKG are recommended 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 submitted failed to indicate the date of the surgery. In addition, the injured worker has already had C4-5 anterior fusion. Given the above, at this time it is not medically necessary.

Preoperative Clearance: Chest XRay: 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 & Lumbar & Thoracic (Acute & Chronic) Preoperative Testing, General.

Decision rationale: The requested for preoperative 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. In addition, the injured worker has already had C4-5 anterior fusion. The request submitted failed to indicate the date of the surgery. Given the above, at this time it is not medically necessary.

DME: Postoperative purchase of cervical brace: Upheld

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

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

Decision rationale: The request for DME, postoperative purchase of cervical brace is not medically necessary. According to the California MTUS/ACOEM Guidelines do not recommend cervical collar braces no more than 1 to 2 days. Since the procedure has already been performed and there is no evidence of pseudarthrosis that would require refusion the request as submitted is not supported by clear evidence of medical necessity for the C4-5 fusion. As such, the request for DME, postoperative purchase of cervical brace is not medically necessary.