

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0192112 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 01/24/2011 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Minnesota. 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 42-year-old male with an injury date of 1/24/11. He is complaining of neck pain with right upper extremity radicular symptoms including numbness and tingling and right hand weakness. There is a history of prior right carpal tunnel release. Physical examination revealed bilateral triceps weakness and decreased range of motion of the cervical spine. The right triceps reflex was depressed. A cervical MRI dated 8/14/2014 revealed uncovertebral hypertrophy at C6-7 with severe narrowing of the right neural foramen. There was cord compression of moderate degree on the left at C4-5 and mild centrally at C6-7 similar in appearance to a previous examination. Neural foraminal stenosis was most severe on the right at C4-5 and C6-7. The C6-7 disc was mildly degenerated, similar in appearance to the prior examination. A CT myelogram of the cervical spine was performed on October 3, 2014. The myelogram revealed an anterior defect greatest at the C6-7 level on the right side. The CT revealed anterior lipping, primarily to the left at C4-5, canal compromise or stenosis at C4-5 and C5-6. There was some anterior lipping at C6-C7 also. There was some stenosis at C6-7. The current diagnosis is cervical radiculopathy. The treating physician has requested anterior cervical discectomy and fusion at C6-7 with bilateral foraminotomies using microsurgical techniques and autologous iliac crest bone graft. Utilization Review denied the surgical procedure as there was no documentation of conservative treatment with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C6-7 with bilateral C7 foraminotomies with microsurgical technique and autologous iliac grafting: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

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

Decision rationale: The California MTUS ACOEM Practice Guidelines recommend surgical considerations for severe spinal vertebral pathology and severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. The available documentation includes an excellent workup with MRI and CT-myelography which corroborates the clinical examination. There is evidence of radiculopathy documented on physical examination. The medical records document conservative treatment meeting the guideline criteria. Utilization Review denied the surgery for lack of a recent physical therapy program; however, conservative treatment has not been effective in the past and progressive worsening of neurologic function is now documented. In light of the neurologic dysfunction as noted on examination with weakness of the triceps, objective findings of atrophy and the diminution of the right triceps reflex, and the imaging findings on the MRI scan and CT/myelogram the surgical procedure as requested meets the guideline criteria and is medically necessary.

Associated surgical service: 2 day hospital stay: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck and upper back; Topic: Hospital length of stay, anterior cervical discectomy and fusion

Decision rationale: The California MTUS guidelines do not address this issue. Official Disability Guidelines indicate the best practice target of 1 day for anterior cervical discectomy and fusion. However, the mean is 2.2 days. Therefore, the requested 2 day hospital stay is medically necessary.

Associated surgical service: Pre-operative at hospital with CBC/BMP (complete blood count/basic metabolic panel): 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), Low Back Chapter

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

Decision rationale: California MTUS guidelines do not address this issue. Official Disability Guidelines indicate the decision for preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. The guidelines recommend a good history and physical examination and appropriate testing as necessary depending upon the findings. Therefore, the requested routine pre-operative testing is not medically necessary.

Associated surgical service: Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical practice standard of care

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 College of Surgeons

Decision rationale: The American College of Surgeons supports the concept that ideally the first assistant at the operating table should be a qualified surgeon or resident in an approved surgical education program. The first assistant should be a trained individual who is able to participate and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis and other technical functions. Based upon the guidelines, the request for an assistant surgeon for this procedure is medically necessary.