

Case Number:	CM14-0203586		
Date Assigned:	12/16/2014	Date of Injury:	09/07/2012
Decision Date:	02/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 patient has chronic neck pain. She takes medications for pain. On physical examination she has tenderness to the paraspinal musculature. She has tenderness of multiple spinous processes in the cervical spine. She has a decreased range of motion of the neck. She has 4-5 weakness of right elbow flexion and extension. Patient has been indicated for cervical spinal fusion surgery. At issue is whether additional postoperative modalities are medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Nares culture for MRSA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Plast Reconstr Surg. 2014 Nov;134(5):1078-89. doi: 10.1097/PRS.0000000000000626.

Decision rationale: Preop nares culture for MRSA infection remains controversial at this time. There is no clear and definitive literature that shows significant reduction of MRSA infection. Also, infection risk with anterior cervical fusion surgery is very low. Nares culture not clinically needed.

Associated surgical service: Pre-op clearance with Dr. [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cardiac risk assessment: decreasing postoperative complications Thanavaro JL. AORN J. 2015 Feb;101(2):201-12. doi: 10.1016/j.aorn.2014.03.014. PMID: 25645037 [PubMed - in process] Related citations Select item 256144272. Aortic Stenosis and Perioperative Risk With Noncardiac Surgery. Samarendra P, Mangione MP. J Am Coll Cardiol. 2015 Jan 27;65(3):295-302. doi: 10.1016/j.jacc.2014.10.051. Review. PMID: 25614427 [PubMed - as supplied by publisher] Relate

Decision rationale: The medical records do not identify significant risk factors that would require preop medical clearance. Cervical fusion surgery is a limited and low risk surgery. There is no medical need for preop clearance.

Associated surgical service: Philadelphia 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines neck chapter.

Decision rationale: ODG criteria do not support the need for a collar after cervical fusion surgery. Current medical literature does not demonstrate improved outcomes with a collar. Collar not needed.