MAXIMUS Federal Services

Case Number:	CM14-0209797		
Date Assigned:	12/19/2014	Date of Injury:	06/04/2010
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas
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 injured worker is a 54-year-old female who reported an injury on 06/04/2010. On 11/03/2014, she presented for a followup evaluation. She reported neck pain with radiation of pain into the bilateral shoulders, pain between the shoulder blades, headaches, and left arm numbness and weakness. Her medical history was significant for a C5-7 fusion. A physical examination showed moderate discomfort with palpation of the mid cervical spine. Upper extremity strength was at a 4/5 for the left deltoids, and there was diminished perception of the left forearm. The left biceps reflex was absent, and she had mild discomfort with palpation of the mid cervical spine, as well as neck pain with rotation to the left greater than 20 degrees. An MRI of the cervical spine dated 09/30/2014 showed multilevel degenerative unconvertible and facet hypertrophy and congenital short pedicles of the cervical spine seen with multilevel mild cervical central canal stenosis and multilevel neural foraminal stenosis. No evidence of cord signal abnormality and anterior cervical discectomy and fusion seen at C5-6 with no intraspinal or paraspinal abnormal contrast. She was diagnosed with cervical spondylosis and cervical stenosis. Documentation regarding medications and past treatment other than surgery was not provided for review. The treatment plan was for an anterior cervical discectomy and fusion at the C4-5, associated surgical services with an inpatient stay, associated surgical services with assistant PA, Aspen Vista cervical brace, and preoperative chest x-ray. A Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy Fusion at C4-5: 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) Cervical Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, Discectomy/Fusion.

Decision rationale: The CAMTUS/ACOEM Guidelines recommend a surgical consultation for those who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear, clinical imaging, and electrophysiologic evidence, consistently indicating the same lesion; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability guidelines recommend cervical discectomy when findings consistent with one of the following: (1) Progression of myelopathy or focal motor deficit; (2) Intractable radicular pain in the presence of documented clinical and radiographic findings; or (3) Presence of spinal instability when performed in conjunction with stabilization. Fusion is recommended when there is evidence of instability on x-rays and for those who have failed conservative care. There is a lack of documentation showing that the injured worker has undergone all recommended conservative treatment to support the request for a discectomy and fusion at the requested level. There is also no evidence of instability to support the request for a fusion. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated Surgical Services- Inpatient hospital stay (day): 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) Cervical Spine- Hospital Length of Stay

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 Official Disability Guidelines recommend a 1 day hospital stay. There is a concurrent request for an anterior cervical discectomy and fusion at the C4-5. While a hospital stay would be supported following the requested procedure, the documentation provided did not support the surgical request. In addition, the number of days being requested was not stated within the request or evident in the clinical documentation. Therefore, the request is not medically necessary.

Associated Surgical Services- Assistant PA-C: 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).

Decision rationale: The Official Disability Guidelines recommend surgical assistants for more complex surgeries. While a surgical assistant would be supported for the requested surgical procedure, the documentation provided did not support the requested surgical intervention. Therefore, the requested surgical assistant would not be medically necessary.

Associated Surgical Services- Aspen Vista Cervical Brace: 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)Cervical Spine-Back Brace;Post operative (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, Collars.

Decision rationale: The Official Disability Guidelines state cervical collars may be appropriate where post-operative and fracture indications exist. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated Surgical Services- Pre-Op Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Joint Commission on Accreditation of Healthcare Organization (JCAHO)

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, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.