

Case Number:	CM14-0025165		
Date Assigned:	06/11/2014	Date of Injury:	05/18/2006
Decision Date:	01/13/2015	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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 Spine Surgeon, 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:

The injured worker is a 51-year-old male with a reported date of injury on 05/25/2006. The mechanism of injury reportedly occurred when the injured worker was trying to keep a toolbox from falling, resulting in low back, neck, and shoulder injuries. His diagnoses included cervical spine sprain/strain with discopathy, left shoulder impingement syndrome, hemipelvis pain, and acute exacerbation of chronic lumbar pain syndrome. Other treatments were not provided. Diagnostic studies included nerve conduction study dated 07/24/2013, which was noted to reveal abnormal EMG/NCS. There was mild median sensory neuropathy across the wrist, left ulnar motor neuropathy across the elbow, prolonged bilateral H-reflex is not a specific finding and may be secondary to metabolic disorders versus S1 radiculopathy, and mild denervation potentials in the right L5 myotome suggestive of mild right L5 radiculopathy. MRI of the cervical spine dated 07/23/2013 revealed impression upon the anterior cord over a broad base at C3-4 and multifocal high grade foraminal compromise. At C3-4, there was a broad annular posterior bar impressed upon the anterior cord over a broad base and extends into the right greater than left intervertebral foramen with estimated 70% right and 40% left foraminal compromise. At C4-5, there was circumferential annular prominence with estimated 70% left and 50% right foraminal compromise. At C5-6, there was annular prominence into the right intervertebral foramen and estimated 70% right and 40% left foraminal compromise. At C6-7, there is annular osteophytic encroachment causing estimated 80% right and 50% left foraminal compromise. Within the most recent clinical note dated 12/30/2013, the injured worker presented with intermittent moderate neck pain with radiation to the arms bilaterally to the hands with reports of numbness and tingling in the hands bilaterally. On examination of the cervical spine, there was tenderness to palpation about the paracervical musculature. There was restricted range of motion due to complaints of pain and decreased sensation in the bilateral C5, C6, and

C7 dermatomes. The clinician indicated that conservative options have been exhausted. Current medications were noted to include Omeprazole, tramadol, and naproxen. The Request for Authorization for the C3-4, C4-5, C5-6 and C6-7 anterior cervical disc fusion with multilevel decompression and stabilization, neurological co-surgeon, vascular exposure surgeon, and postop bone stimulator was submitted but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4, C4-5, C5-6 ND C6-7 Anterior Cervical Disc Fusion with Multilevel Decompression and Stabilization: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 8 - Neck Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for surgical consultation is indicated for patients who have persistent, severe disabling shoulder or arm symptoms; activity limitation for more than 1 month or with extreme progression of symptoms; clear clinical imaging and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long terms. The effectiveness of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious condition of significant nerve compromise, rarely benefit from either surgical consultation or surgery. In addition, it would also be prudent to consider psychological evaluation of the patient prior to referral for surgery. The clinical information provided for review lacks documentation illustrating the injured worker's pain utilizing a VAS. There is a lack of documentation indicating the injured worker's functional deficits to include range of motion values in degrees and/or activity limitations that the injured worker presents with. The clinical information indicates the injured worker previously participated in conservative care; there is a lack of documentation indicating the amount of conservative care and type of care provided and/or the therapeutic and functional benefit or subsequent failure. Therefore, the request for C3-4, C4-5, C5-6 ND C6-7 anterior cervical disc fusion with multilevel decompression and stabilization is not medically necessary.

Neurological Co-Surgeon: 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, Surgical Assistant.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state that a surgical assistant is recommended as an option in more complex surgeries. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other healthcare professional, is based on whether the assistant surgeon is a physician or another healthcare professional acting as a surgical assistant. Only 1 assistant surgeon for each surgery is a reimbursable service, without acceptance for teaching hospitals or hospital bylaws. As the surgical procedure has been determined to be not medically necessary, the necessity for neurological co-surgeon would not be medically necessary.

Vascular Exposure Surgeon: 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, Surgical Assistant.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines state that a surgical assistant is recommended as an option in more complex surgeries. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other healthcare professional, is based on whether the assistant surgeon is a physician or another healthcare professional acting as a surgical assistant. Only 1 assistant surgeon for each surgery is a reimbursable service, without acceptance for teaching hospitals or hospital bylaws. As the surgical procedure has been determined to be not medically necessary, the necessity for vascular exposure surgeon would not be medically necessary.

Post-Op Bone Stimulator: 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, Bone Growth Stimulators (BGS).

Decision rationale: The California MTUS Guidelines do not address the request. The Official Disability Guidelines state that criteria for use of invasive or noninvasive electrical bone growth stimulators would include either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to a spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1 or more previous failed spinal fusions; grade III or worse spondylolisthesis; fusion to be performed at more than 1 level; current smoking habit; diabetes, renal disease, alcoholism, or significant osteoporosis which has been

demonstrated on radiographs. As the surgical procedure is requesting fusion at 4 levels, which would coincide with the recommended guidelines. However, the medical necessity for the surgical procedure has not been established. Therefore, the request for post-op bone stimulator is not medically necessary.