

Case Number:	CM15-0107292		
Date Assigned:	06/11/2015	Date of Injury:	05/23/2014
Decision Date:	07/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/03/2015

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: Illinois, California, 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 65-year-old male who sustained an industrial injury on 5/23/14, relative to lifting a heavy object. Past medical history was positive for type 2 diabetes mellitus and hypertension. He underwent laminectomy at C7/T1 with removal of the epidural lesion, possibly synovial cyst, on 12/24/14. The 2/23/15 cervical spine MRI impression documented new post-surgical changes including laminectomies from approximately C6-T1, interval resolution of severe spinal stenosis/cord compression at C7-T1, interval presumed resection of the previously noted C7-T1 hypointense structure causing mass effect. AT C5/6, there was a disc-osteophyte complex contributing to severe spinal stenosis with cord compression and severe bilateral foraminal narrowing, which was increased from the prior study. The 4/23/15 electrodiagnostic report documented no EMG indicators of acute cervical radiculopathy. There were findings indicative of moderate carpal tunnel syndrome. The 4/28/15 treating physician report cited residual left shoulder pain radiating down the arm into the fingers, with numbness and tingling and loss of grip strength. Cervical spine exam documented normal alignment, tenderness over the spinous processes, decreased left rotation, and paracervical muscle atrophy. There was decreased strength noted over the wrist extensors, triceps, elbow extension, and grip. There was decreased sensation noted over the left C6, C7, and T1 dermatomes. There was atrophy over the first dorsal interossei muscle of the left hand, +3 upper extremity reflexes, positive Hoffman's on the left, and lower extremity hyperreflexia with unsustained clonus. The diagnosis included cervical spondylosis with myelopathy, severe residual stenosis at C5/6, and status post laminectomy C7/T1 with left foraminotomy. The treatment plan included anterior cervical

discectomy and fusion at C5/6 with partial corpectomy. Authorization was also requested for preoperative medical clearance, and cervical brace. The 6/2/15 utilization review certified the requests for C5/6 anterior cervical discectomy and fusion with partial corpectomy, assistant surgeon and post-op physical therapy x 12 visits. The request for pre-op medical clearance was modified and approved for pre-operative medical clearance to include complete blood count and basic metabolic panel. The request for cervical spine brace was non-certified, as post-operative bracing was not recommended for single level cervical fusion with plate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Preoperative testing, Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on patient age, medical co-morbidities, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical service: Cervical Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Neck and Upper Back Procedure Summary, Online Version, Cervical collar.

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: Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. This injured worker is certified for a C5/6 anterior cervical discectomy and fusion and is recently underwent a laminectomy at the C7/T1 level. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery for pain control and structural support. Therefore, this request is medically necessary.