

<b>Case Number:</b>	CM15-0016458		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Pediatrics, Neurological 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 56-year-old male who reported an injury on 07/05/2013. The mechanism of injury was a heavy meat saw fell and the injured worker tried to lift it. The injured worker underwent an MRI of the cervical spine on 09/09/2013 which revealed at the level of C4-5, there was a 2 to 3 mm diffuse disc protrusion which mildly compress the cervical cord and caused a mild to moderate spinal canal stenosis with canal measuring 7 to 8 mm in the AP diameter and along with the bilateral uncovertebral spurs causing mild right to moderate to severe left neural foraminal stenosis. At the level of C5-6, there was a 3 mm diffuse disc protrusion effacing the thecal sac without obvious compromise of the cord. It was causing a central spinal stenosis and the canal was measuring 9 to 10 mm in AP along with bilateral uncovertebral spurring causing mild right and severe left neural foraminal stenosis. The impression included mild to moderate central spinal stenosis at C4-5 and at C5-6; there was mild central spinal stenosis. The documentation of 02/24/2015 revealed the injured worker underwent a repeat MRI of the cervical spine. The physical examination revealed flexion tenderness by 1 inch and extension was to 60 degrees. Left bending was 15 degrees and right bending was 20 degrees. Left rotation was 50 degrees and right rotation was 60 degrees. There were bilateral paracervical spasms and tenderness. Motor strength was 5/5. Sensation was normal to light touch throughout the bilateral upper extremities and reflexes were 2+. There was no apparent atrophy and the Hoffman's test was negative. The physician documented that they had the opportunity to review the MRI of 02/16/2015. The physician opined the injured worker had severe distraction of the C4-5 and C5-6 disc spaces. The physician further opined disc osteophyte complexes caused left

lateral recess stenosis and mild central canal stenosis. The injured worker had weakness on physical examination of the upper extremities with no evidence of hyper-reflexia or weakness. The diagnoses included cervical, thoracic, and lumbar degenerative disc disease. The treatment plan included holding off on surgical intervention for the cervical spine and that the injured worker undergo further physical therapy for the neck at 2 times per week for 4 weeks. The injured worker was noted to have received only 8 to 10 sessions of therapy and had failed to respond to epidural injections. Additionally, the physician opined the neck complaints appeared to be primarily mechanical.

### **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, C5-6: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back Chapter, The American Academy of Orthopedic Surgeons.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of 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 term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. While the patient did not have current myotomal and dermatomal findings, the MRI submitted for review indicated that the patient had cord compression at the level of C4-C5. As such, there would be a future risk of cord injury following even minor trauma. Given the above, the request for anterior cervical discectomy fusion at C4-5 and C5-6 is medically necessary.

**Associated surgical service: Additional physical therapy for lumbar spine 2x4 (8 total): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation General Approaches: ACOEM Pain, Suffering, and the Restoration of Function Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

**Decision rationale:** The request as submitted is for Associated surgical service: Additional physical therapy for lumbar spine 2x4 (8 total). The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The documentation indicated the injured worker was to continue with therapy for the lumbar spine. The quantity of sessions and objective functional benefit was not provided. The remaining functional deficits were not provided. This treatment for the lumbar spine would not be associated with the surgical intervention. As the requested surgical intervention is not supported by the documentation, the requested ancillary service 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 Official Disability Guidelines (ODG); (Low Back Chapter) Surgical assistant.

**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 Chapter, Surgical Assistant.

**Decision rationale:** The Official Disability Guidelines indicate that Surgical Assistants are recommended for complex surgical interventions. The requested surgery would be complex and as such the Associated surgical service: Assistant Surgeon is medically necessary.

**Associated surgical service: 1-3 day in-patient stay: 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); Hospital length of stay (LOS) guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Hospital length of stay (LOS).

**Decision rationale:** The Official Disability Guidelines indicate that the hospital length of stay for an anterior discectomy and fusion would be 1 day. There was a lack of documentation of exceptional factors to support up to a 3 day stay. Given the above, the request for Associated surgical service: 1-3 day in-patient stay is not medically necessary.

**Pre-op labs (CMP, PT/PTT, CBC, UA): 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); Low Back Chapter, Preoperative lab testing.

**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 Chapter, Preoperative lab testing.

**Decision rationale:** The Official Disability indicates that the decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. The criteria for ordering preoperative lab testing include that for a complete blood count is indicated for injured workers with diseases that increase the risk of anemia or injured workers in whom significant perioperative blood loss is anticipated. Electrolyte and creatinine testing should be performed in injured workers with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. Coagulation studies are reserved for injured workers with a history of bleeding or medical conditions that predispose them to bleeding, and for those taking anticoagulants. A preoperative urinalysis is recommended for injured workers undergoing invasive urologic procedures and those undergoing implantation of foreign material. Due to the injured worker's age and complexity of the procedure, this request would be supported. The request for Pre-operative labs, CBC, CMP, PT, PTT, UA is medically necessary.

**Pre-op chest x-rays and EKG:** 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); Low Back Chapter, Preoperative electrocardiogram.

**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 Chapter, Preoperative electrocardiogram (ECG), Preoperative Testing, General.

**Decision rationale:** The Official Disability Guidelines indicate that EKGs are recommended for injured workers undergoing intermediate risk surgery, which includes orthopedic surgery that is non-ambulatory. This portion of the request would be supported. The Official Disability Guidelines indicate that chest radiography is reasonable for injured workers at risk of postoperative pulmonary complications if the results would change perioperative management. Due to the injured worker's age and complexity of the procedure, this request would be supported. Given the above, the request for Pre-op chest X-rays and EKG are medically necessary.

**Pre-op 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 (ODG); Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=](http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=).

**Decision rationale:** Per the Society of General Internal Medicine Online, Preoperative assessment is expected before all surgical procedures. As the surgical intervention was found to be medically necessary, this request would be supported. Given the above, the request for Pre-op medical clearance is medically necessary.

**Post-op hospital visits by servicing physician:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**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 Chapter, Office Visits.

**Decision rationale:** The Official Disability Guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The surgical intervention was found to be medically necessary and while this would not be an office visit, it would be similar in nature. However, the request as submitted failed to include the quantity of visits being requested. Given the above, the request for Post-op hospital visits by servicing physician is not medically necessary.

**Post-op cervical hard 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 (ODG); (Neck and Upper Back Chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases and in fact, weakness may result from prolonged use and will contribute to debilitation. The clinical documentation failed to provide documented rationale to support the use of both a hard and soft collar. Given the above, the request for Post-op cervical hard collar is not medically necessary.

**Post-op cervical soft 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 (ODG); (Neck and Upper Back Chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 173.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases and in fact, weakness may result from prolonged use and will contribute to debilitation. The clinical documentation failed to provide documented rationale to support the use of both a hard and soft collar. Given the above, the request for Post-op cervical soft collar is not medically necessary.

**Post-op in-home physical therapy for cervical spine 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule postsurgical guidelines indicate that the postsurgical treatment for a cervical fusion is 24 visits and the initial care is half the recommended number of visits. There was a lack of documentation to support the necessity for home therapy as there was no rationale for home therapy and the request was submitted with a request for outpatient therapy as well. There was no documentation to support the necessity for both home and outpatient therapy. Given the above, the request for Post-op in-home physical therapy for cervical spine 2x4 is not medically necessary.

**Post-op outpatient physical therapy for cervical spine 2x4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Medical Treatment Utilization Schedule postsurgical guidelines indicate that the postsurgical treatment for a cervical fusion is 24 visits and the initial care is half the recommended number of visits. The surgical intervention was found to be medically necessary. As such, the request for Post-op outpatient physical therapy for cervical spine 2x4 is medically necessary.

**Associated surgical services: RN evaluation for wound check:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aetna.com> Skilled Home Health Care Nursing Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. There was no documentation indicating the injured worker would have a need to be homebound. Given the above, the request for Associated surgical services: RN evaluation for wound check is not medically necessary.

**Associated surgical service: Home health aide services 2-3 times a week for four weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends home health services for injured workers who are homebound and who are in need of part time or intermittent medical treatment of up to 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request was for home health aide services which are not supported. Given the above, the request for Associated surgical service: Home health aide services 2-3 times a week for four weeks are not medically necessary.