

Case Number:	CM15-0019318		
Date Assigned:	02/09/2015	Date of Injury:	01/28/1994
Decision Date:	08/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

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 55 year old male, who sustained an industrial injury on January 28, 1994. He reported neck, mid back and low back injuries. The injured worker was diagnosed as having cervical 4-7 stenosis, bilateral cervical radiculopathy, and cervical 3-7 disc degeneration. On November 18, 2014, x-rays of the cervical spine revealed moderate disc height loss cervical 3-7 and no instability or fracture. On December 20, 2014, an MRI of the cervical spine revealed multilevel degenerative changes particularly at C3-4 through cervical 6-7 levels, minimally progressed from the prior study. At cervical 3-4, there was a 2-3 mm /osteophyte complex, mild facet arthropathy, and minimal narrowing of the central canal; moderate foraminal narrowing on the right and minimal foraminal narrowing on the right and mild to moderate foraminal narrowing on the left. At cervical 4-5, there was a diffuse disc bulge/osteophyte complex approximately 3 mm. Mild central canal narrowing. Facet arthropathy and uncovertebral hypertrophy which attributed to severe foraminal narrowing on the left and moderate foraminal narrowing on the right. At cervical 5-6, there was a diffuse disc bulge/osteophyte complex measuring 3-4 mm, with mild inferior extrusion of disc material by 4 mm. Mild to moderate central canal narrowing. Facet arthropathy contributes to severe foraminal narrowing, greater on the left. At cervical 6-7, there was a 4 mm broad based disc/osteophyte complex asymmetric to the right foraminal region. There was mild central canal narrowing. There was severe foraminal narrowing on the right with encroachment on the exiting nerve root, and moderate to severe foraminal stenosis on the left. Treatment to date has included acupuncture, physical therapy, epidurals, and medications including pain, muscle relaxant, steroid, and non-steroidal anti-

inflammatory. On January 5, 2015, the injured worker complains of neck pain with numbness radiating down his arms into the hands. Associated symptoms include headaches. His pain level is rated: 7-8/10 with medication and 10/10 = without medication. The physical exam revealed tenderness over the upper thoracic spine, midline thoracic spine, and thoracic paravertebral musculature. There was tenderness at the base of the skull. Sensation of the bilateral upper extremities was intact. There was decreased cervical spine range of motion with pain on bilateral rotation, and decreased strength of the right shoulder abduction, wrist flexion, and wrist extension. The left shoulder abduction strength was decreased and the bilateral upper extremity reflexes were decreased. The treatment plan includes an inpatient cervical 3-7 anterior cervical discectomy and fusion with cage and instrumentation, cervical collar soft and hard, pre-operative medical clearance, bone growth stimulator, Norco, Prilosec, a 2 day inpatient stay, and an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 1/5/15 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

Associated surgical service: cervical collar soft and hard: 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), Treatment in Workers Compensation (TWC), 19th Edition, and 2014 Updates: Neck and Upper Back Chapter: Cervical Collar, 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, cervical collars, postoperative.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post operative (fusion), "Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of

cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Nonbraced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the non-braced group over all time intervals, but those were not statistically significant." As the guidelines do not support bracing postoperatively, the request is not medically necessary.

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 American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, page 127.

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.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is to undergo a multilevel cervical fusion C3-C7. Therefore medical necessity is met for preoperative testing prior to the proposed surgical procedure. Therefore, the request is medically necessary.

Associated surgical service: Bone Growth stimulator: 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), Treatment in Workers Compensation (TWC), 19th Edition, 2014Updates: Low Back - Lumbar and Thoracic Chapter: Bone growth Stimulators (BGS).

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, bone growth stimulator.

Decision rationale: CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the cervical spine. According to the ODG Neck and Upper Back, Bone growth stimulator, it is under study. An alternative Guideline, the low back chapter was utilized. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at one level and there is no high risk factors demonstrated in the records submitted. Therefore, the request is not medically necessary.

Norco 5/325mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: CA MTUS, Chronic Pain Treatment guidelines, under criteria for use of opioids page 76-78 states, states use of opioids should be part of a treatment plan that is tailored to the patient. MTUS pgs 60, 61 goes on to state "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this the request for Norco as a post operative medication is medically necessary and recommended.

Associated surgical service: Two day inpatient hospital 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 and upper back, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As a request is for 2 days the determination is for non-certification as it is not medically necessary and appropriate.

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 Milliman Care Guidelines 18th Edition: Assistant Surgeon.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Assistant Surgeon, <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical

operation, specialty area, and type of hospital." There is an indication for an assistant surgeon for a multilevel cervical fusion from C3-C7. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case the decision for an assistant surgeon is medically necessary and is therefore certified.