

Case Number:	CM15-0133190		
Date Assigned:	07/21/2015	Date of Injury:	10/08/1999
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This injured worker is a 65-year-old male who sustained an industrial injury on 10/8/99. Injury occurred when he was struck by a back hoe and bucket, resulting in a significant closed head injury. He underwent extensive cerebral rehabilitation with residual slow speech, expressive and receptive aphasia, and word selection difficulties. Past surgical history was positive for anterior cervical discectomy and fusion at C4/5, C5/6, and C3/4 in 2004 and 2005. The 10/18/13 cervical spine MRI findings documented interval development of broad-based central disc protrusion at C2/3 with the base of 10 mm and extending posteriorly 4 mm with partial effacement of the ventral thecal sac and AP diameter of the central canal of 9 mm. At C6/7, there was mild diffuse disc bulge and hypertrophied posterior ligamentum flavum with effacement of the thecal sac and encroachment of the cervical cord. The AP diameter of the central canal measured 8 mm with diminished functional reserve of the cervical cord within the central canal. There was solid bony fusion from C3 through C6. The 11/15/13 electrodiagnostic report impression documented findings suggestive of C8/T1 involvement and more cephalad findings likely related to Botox as there was fairly extensive evidence of denervation. The 6/2/15 treating physician report cited grade 7-10/10 neck pain radiating into the arms with progressive left hand weakness, and occipital headaches. The left hand was clumsy, weak, and frequently dropped things. Physical exam documented grip, biceps, and triceps weakness with clumsiness and weakness in the left hand. Spurling's was positive on the left. Sensation was decreased over the left C6/7 dermatomes. The treating physician reported adjacent segment syndrome below the C3-C6 fusion with nerve root compression and diminished functional reserve at the cord, and above the fusion with disc herniation 4mm x 10 mm with canal narrowing and cord impingement. Authorization was requested for C2/3, C6/7 posterior

decompression with instrumentation and intraoperative neuromonitoring, assistant surgeon, and 2 day inpatient length of stay. The 6/19/15 utilization review non-certified the C2/3 and C6/7 posterior decompression with instrumentation and intraoperative neuromonitoring, assistant surgeon, and 2 day inpatient length of stay as there was no imaging evidence of definite or significant spinal cord compression or nerve root compression, and the EMG noted only irritation at C8/T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

C2-3, C6-7 posterior decompression with instrumentation intraoperative neuromonitoring:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines surgical considerations Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty; Fusion, posterior cervical; Intraoperative neurophysiologic monitoring (during surgery).

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provides specific criteria for cervical discectomy. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guidelines state that posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. The ODG recommend intraoperative neurophysiologic monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring, and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. Guideline criteria have been met. This injured worker presents with significant neck pain radiating into the arms with progressive left hand weakness. Spurling's test was positive. Clinical exam findings were consistent with imaging evidence of adjacent segment disease with nerve root compression and diminished functional cord reserve at C2/3, and cord impingement at C6/7. Evidence of reasonable and/or comprehensive non-operative treatment and failure has been submitted. Therefore, this request is medically necessary.

Assistant surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines surgical considerations Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures, which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 22600, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Associated surgical service: Length of stay - 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines surgical considerations Page(s): 180.

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 (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for posterior cervical fusion is 4 days. This request for a 2-day inpatient stay is within guideline recommendations. Therefore, this request is medically necessary.