Case Number:	CM15-0137588		
Date Assigned:	07/27/2015	Date of Injury:	11/11/2009
Decision Date:	09/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/15/2015

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 November 11, 2009, incurring neck and back injuries from cumulative trauma. He was diagnosed with cervical discopathy with radiculitis. Treatment included physical therapy, epidural steroid injection, ergonomic chair, wrist brace, shock treatment, pain medications and activity modification. Electromyography studies in 2014, revealed bilateral carpal tunnel syndrome. A cervical Magnetic Resonance Imaging revealed multi-level degenerative changes with spinal canal narrowing from disc herniation. Currently, the injured worker complained of intermittent cervical pain aggravated by repetitive motions, reaching, pushing pulling or prolonged positioning of the neck. The pain radiated into the upper extremities and between the shoulder blades and was associated with frequent headaches. The treatment plan that was requested for authorization included a cervical discectomy and fusion, 2 to 3 day inpatient hospital stay, a co-surgeon, purchase of a Minerva mini collar, purchase of a Miami J collar with thoracic extension, medical clearance with an Internist and purchase of a bone stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 anterior cervical discectomy and fusion with possible inclusion of C4 to C6:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes demonstrate failed conservative treatment and correlating MRI of the cervical shows the claimant's cervical radiculopathy. Therefore the request for C6-7 anterior cervical discectomy and fusion with possible inclusion of C4 to C6 is medically necessary.

Associated surgical service: 2-3 inpatient days: 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 % Upper Back (updated 06/25/2015) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, 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 2-3 days the determination is for non-certification as it is not medically necessary and appropriate.

Associated surgical service: Co surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.bcbsnc.com.

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.

Decision rationale: The California MTUS guidelines do not address the appropriateness of co-surgeons. [redacted] ([redacted]) provide direction relative to the typical medical necessity of co-surgeons. [redacted] ([redacted]) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the co-surgeon heading imply that a co-surgeon is not necessary; however, procedure codes with a 1 or 2 implies that a co-surgeon is usually necessary. For this requested surgery, CPT codes 29826 and 29824, there is a "1" in the co-surgeon column for each

procedure. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Associated surgical service: Purchase of Minerva mini collar #1: 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 & Upper Back (updated 06/25/2014) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, cervical collars, post operative fusion.

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 Non-braced 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 determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Associated surgical service: Purchase of Miami J collar with thoracic extension #1: 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 & Upper Back (updated 06/25/2014) - Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck section, cervical collars, postoperative fusion.

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 Non-braced 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 determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Associated surgical service: Medical clearance with internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov /content_aspx?id=48408.

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 a healthy 55 year old without comorbidities or physical examination findings concerning for preoperative testing prior to the proposed surgical procedure. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Associated surgical service: Purchase of bone 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 determination is for non-certification. Therefore, the requested treatment is not medically necessary.