

<b>Case Number:</b>	CM15-0146815		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: 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 56-year-old male who sustained an industrial injury on 9/17/11, relative to cumulative trauma. He underwent anterior cervical fusion at C4-7 on 4/14/14. The 4/27/15 treating physician report documented x-rays of the cervical spine were obtained and showed a solid fusion at C5/6 and C6/7, with presumptive non-union at C4/5 with what appeared to be a lucency across the disc space. There was no change in the position of the anterior instrumentation, which was still in good position. The 6/5/15 cervical spine CT scan impression documented anterior fusion with screw plate in place from the level of C4-C7/T1 with straightening of the natural lordosis. There was moderate disc space narrowing with mild to moderate spondylitic changes at C7/T1. The 7/6/15 treating physician report cited complaints of posterior neck pain with no upper extremity radicular or neurologic components. Physical exam documented decreased cervical range of motion, and normal upper extremity neurologic exam. The 4/27/15 cervical x-rays and 6/5/15 cervical CT scan were reviewed and clearly showed a nonunion at C4/5. He discussed that the report of the CT scan showed nothing about the nonunion at C4/5. He was diagnosed with a C4/5 anterior cervical fusion nonunion. The injured worker was having neck pain actually based on a nonunion at C4/5. The recommended treatment would be a posterior fusion with lateral mass screws, autogenous/allograft bone and possible bone morphogenetic protein. Authorization was requested for C4/5 posterior fusion, 3-day inpatient hospital stay, assistant surgeon, medical clearance, and post-operative cervical brace. The 7/16/15 utilization review non-certified the request for C4/5 posterior fusion and associated surgical requests as there was no evidence of non-union or instability on the CT scan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C4-5 Posterior Fusion: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Fusion, posterior cervical.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. MTUS guidelines state that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The Official Disability 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. Guideline criteria have been met. This injured worker underwent a 3-level cervical fusion on 4/14/14. He has persistent neck pain in the post-operative period. There is radiographic and imaging evidence of a non-union at the C4/5 level, with solid fusion at the C5/6 and C6/7 levels. Therefore, this request is medically necessary.

### **Associated Surgical Service: Inpatient Hospital Stay, three days: Overturned**

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

**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. The request for a 3-day inpatient hospital stay is within guideline recommendations. Therefore, this request is medically necessary.

**Associated Surgical Service: Assistant Surgeon:** Overturned

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

**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. [REDACTED] ([REDACTED]) provide direction relative to the typical medical necessity of assistant 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 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 22590, 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: Medical Clearance:** Overturned

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

**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. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

**Associated Surgical Service: Post operative Cervical Brace:** Overturned

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

**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. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery. Therefore, this request is medically necessary.