MAXIMUS Federal Services

Case Number:	CM15-0190979		
Date Assigned:	10/05/2015	Date of Injury:	06/21/2004
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Montana, California
Certification(s)/Specialty: 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 63 year old female, who sustained an industrial injury on 6-21-04. The injured worker is being treated for cervical stenosis C3-4 with early myelopathy, status post posterior lumbar interbody fusion at L4-5 and status post anterior cervical discectomy and fusion at C5-6 and C6-7 with solid fusion. (MRI) magnetic resonance imaging of cervical spine performed on 12-2-14 revealed status post anterior fusion of C5-7 with no complication, C3-4 minimal disc osteophyte complex with moderate to severe stenosis of the central canal and mild stenosis of foramina along with C6-7 status post fusion with minimal disc osteophyte complex noted and moderate stenosis of central canal. Treatment to date has included posterior lumbar interbody fusion, physical therapy, left knee arthroscopy, oral medications including Vicodin, chiropractic treatment, transcutaneous electrical nerve stimulation (TENS) unit, 4-5 steroid injections, NSAIDs (non-steroidal anti-inflammatory drugs), cervical fusion at C5-6 and C6-7 and activity modifications. On 6-12-15 and 8-7-15, the injured worker reports significant improvement in back and leg pain since lumbar fusion and she complains of numbness and tingling down both arms, electrical shock feeling down arms, weakness in hands and dropping things with hands and also stumbling and tripping. Work status is noted to be temporarily and totally disabled. Physical exam performed on 6-12-15 and on 8-7-15 revealed positive Hoffman's' sign bilaterally otherwise normal exam. The treatment plan included request for anterior cervical discectomy and fusion at C3-4 and associated services. On 9-2-15 request for anterior cervical discectomy and fusion at C3-4 with associated services was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C3-4: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The documentation shows the cervical canal dimension is 6mm well under the criteria for decompression. The patient also has Lehrmitte's phenomena (shocking pain down arms) which can be a symptom of spinal cord compression and a red flag. The requested treatment: Anterior cervical discectomy and fusion at C3-4 is medically necessary and appropriate.

Associated service: 3 day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter Hospital Length of Stay(LOS).

Decision rationale: The ODG guidelines note that the LOS for an anterior cervical fusion is below 3 days. The requested treatment: Associated service: 3 day hospital stay is not medically necessary and appropriate.

Associated service: assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-surgical assistant.

Decision rationale: The ODG guidelines do recommend a surgical assistant as an option for more complex surgeries. The cervical discectomy and fusion qualifies as a complex operation.

The requested treatment: Associated service: assistant surgeon is medically necessary and appropriate.

Associated service: Cervical brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG guidelines do not recommend cervical collar after a single-level anterior cervical fusion with plate. The requested treatment associated service: Cervical brace is not medically necessary and appropriate

Associated service: bone growth stimulator unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Bone-growth stimulators (BGS).

Decision rationale: The ODG guidelines note that the BGSs are under study. Generally if only one level is involved and the patient does not have smoking history they would not be recommended. The requested treatment: Associated service: bone growth stimulator unit for purchase is not medically necessary and appropriate.

Associated service: front wheel walker for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Replacement Chapter-walking aids.

Decision rationale: The ODG guidelines do recommend walkers for patients who have had knee replacements. However, they give no recommendations for patients who have only undergone a single level cervical fusion who would not be expected to have any ambulatory problems. Documentation does not contain any evidence as to why the patient would need a walker. Documentation indicates the patient had been dropping things and was stumbling and tripping so the patient might have additional trouble managing a walker. The requested

treatment: Associated service: front wheel walker for purchase is not medically necessary and appropriate.

Associated service: 3 in 1 commode for purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter-Durable Medical Equipment (DME).

Decision rationale: The ODG guidelines do recommend DME's if there is a medical need. Since the patient has already undergone a lumbar fusion and would be in the post-operative period from the anterior cervical fusion, having the 3-in one commode may indeed facilitate defecation. The requested treatment: Associated service: 3 in 1 commode for purchase is medically necessary and appropriate.

Post operative home health nurse for daily dressing changes and wound check for 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Home Health Services.

Decision rationale: The ODG guidelines do recommend home health services only for recommended medical treatment for patients who are homebound. It would not be expected that a single level cervical fusion would require the patient to be homebound, nor require daily dressing changes and wound checks. The requested treatment: Post operative home health nurse for daily dressing changes and wound check for 5 days is not medically necessary and appropriate