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| Case Number: | CM15-0201718 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 07/23/2014 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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 male, who sustained an industrial injury on 7-23-14. The injured worker was diagnosed as having C4-5 and C5-6 severe degenerative disc disease; left glenohumeral osteoarthritis, bone-on-bone with bone spur; C4-5 cervical stenosis with cord compression; possible left-sided cervical radiculopathy. Treatment to date has included physical therapy; cervical epidural steroid injection (5-6-15); 6-1-15; 8-12-15); medications. Currently, the PR-2 notes dated 9-3-15 indicated the injured worker comes in the office for a follow-up visit. The provider documents "He has a history of cervical stenosis with radiculopathy on the left side. He is now developing progressive left arm numbness. He has undergone 17 visits of physical therapy. He has also tried non-steroidal anti-inflammatories as well as 2 epidural injections, which provided temporary relief." The provider notes a physical examination documenting "examination demonstrates weakness in shoulder external rotation, forward elevation, and the biceps on the left side with diminished sensation along the shoulder on the left side. He has a diminished left biceps reflex. He also has pain with left shoulder range of motion." The provider reviews a MRI scan dated 9-2014 documenting "spinal cord compression at C4-5 with left foraminal stenosis. Both C5-6 and C6-7 have left greater than right foraminal stenosis. PR-2 notes dated 8-12-15 indicated the injured workers pain is documented by the provider as 7 out of 10" and radiates to the left arm, left forearm, left hand and right leg. This note indicated on this day the injured worker had a C6-C7 cervical epidural steroid injection. A PR-2 dated 7-27-15 indicated the injured worker complained of pain documented at a level of "7 out of 10" by the provider. It radiates to the left arm, forearm hand and right leg. The injured worker reports the injection (6-1-15) helped over 60% for his pain in the neck and arm but now pain is coming

back and the provider will request another injection for the cervical spine. An Agreed Medical Evaluation (AME) dated 5-28-15 recommendations reviewed the injured workers clinical history and noted he had received a cervical epidural steroid injection on 5-6-15 and scheduled another for 6-1-15. The reviewer remarked the injured worker should have "up to a series of three epidurals. If these failed to relieve his symptoms then consideration for surgical intervention should be given." A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-21-15 and non-certification for Inpatient Surgical C4-C7 Anterior Cervical Fusion Discectomy, Allograft, Plate Fixation and Spinal Cord Monitor and associated services. A request for authorization has been received for Inpatient Surgical C4-C7 Anterior Cervical Fusion Discectomy, Allograft, Plate Fixation and Spinal Cord Monitor and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Surgical C4-C7 Anterior Cervical Fusion Discectomy, Allograft, Plate Fixation and Spinal Cord Monitor: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (20th Annual Edition) 2015, Neck and Upper Back (Acute & Chronic) Chapter.

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. Documentation does not supply this evidence. Physical exam does not annotate atrophy, fasciculations or hyperactive deep tendon reflexes or increased motor tone. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The requested treatment: Inpatient Surgical C4-C7 Anterior Cervical Fusion Discectomy, Allograft, Plate Fixation and Spinal Cord Monitor is not medically necessary and appropriate.

Associated Surgical Service: 1-2 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, Work Loss Data Institute (20th Annual Edition) 2015, Neck and Upper Back (Acute & Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative CBC with Diff: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Urinalysis with Reflex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative SED Rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Blood type and RH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Antibody screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative MRSA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Outpatient Pre-operative Medical Clearance Consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.