

Case Number:	CM15-0021524		
Date Assigned:	02/11/2015	Date of Injury:	04/01/2000
Decision Date:	04/16/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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: Minnesota, Florida
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 55-year-old male reported a work-related injury on 4/1/2000. According to the progress report from the treating provider dated 5/21/2014, the injured worker reports moderate to severe neck pain with upper extremity radiculopathy. The primary diagnosis is cervical spondylosis. Previous treatments include medications, epidural steroid injections, surgery and physical therapy. The provider's request for removal of hardware at C5-6 and extension of the ACDF from C4 to C7 is noted but there is no documentation indicating certification of the surgery. The treating provider requests one surgical assistant, one day inpatient hospital stay, one cervical collar and external bone growth stimulator unit and 18 post-operative physical therapy sessions. The Utilization Review on 1/13/2015 non-certified the request for one surgical assistant, one day inpatient hospital stay, one cervical collar and external bone growth stimulator unit and 18 post-operative physical therapy sessions, citing ODG and CA MTUS guidelines. The medical necessity of the surgery had not been established and therefore the associated services were not applicable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: 1 Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons.

Decision rationale: The American College of surgeons Statement of Principles indicates that the first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions. A surgical assistant is needed for anterior cervical discectomy and fusion. However, a review of the medical records indicates the medical necessity of the surgical procedure has not been established. Therefore the request for a surgical assistant is not medically necessary.

Associates Surgical Services: 1 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck, Topic: Hospital length of stay.

Decision rationale: ODG guidelines indicate 1 day hospital stay is appropriate. However, the documentation provided does not indicate the medical necessity of the surgical procedure has been established. As such, the medical necessity of the associated surgical services cannot be determined.

Associates Surgical Services: 1 Cervical collar and External Bone Growth Stimulator Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck. Topic: cervical collar, Bone growth stimulator.

Decision rationale: ODG guidelines indicate the cervical collar is appropriate after a fusion. Bone growth stimulator is indicated after multiple level fusions and revision surgery. However, the documentation does not indicate certification of the surgery. As such, the medical necessity of associated surgical services cannot be determined.

18 Post-operative Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The Post-surgical treatment guidelines recommend 24 visits over 16 weeks after graft maturity. The initial course of therapy is one half of these visits which is 12. Then with documentation of functional improvement a subsequent course of therapy of 12 visits may be prescribed. The request as stated exceeds the guidelines recommendation and as such, the medical necessity of the request has not been substantiated.