

<b>Case Number:</b>	CM15-0022705		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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:

The injured worker is a 51-year-old male who sustained an industrial injury on 2/13/06. Past surgical history was positive for C4-C6 anterior cervical discectomy and fusion in 2006, and C6/7 anterior cervical discectomy and fusion in 2013. Records indicated that the patient has experienced multiple falls in the post-operative period. The 8/13/14 CT scan findings documented the patient was status post various cervical fusions with a solid fusion from C4-C6. The anterior plated cervical fusion at C6/7 did not appear to be solid. The 9/29/14 cervical spine x-rays with flexion/extension views documented incomplete C6/7 fusion with instability. The 12/14/14 cervical CT scan documented continued lucency surrounding the intervertebral screw of the C6 vertebral body with concern for loosening. The 1/9/15 cervical MRI impression documented there were no regions of abnormal enhancement. There were postsurgical changes with bony union C4-C6, and anterior cervical spinal fusion at C6/7. There was multilevel neuroforaminal stenosis. There was a posterior disc osteophyte complex at the C6/7 level with resultant moderate to severe central canal stenosis. The 1/16/15 neurosurgical report cited neck and low back pain, and pain radiating down both upper extremities. The patient had difficulty getting in and out of a wheelchair, and could no longer walk independently. Physical exam documented give-way weakness in the right hand, spastic lower extremity paraparesis, absent upper extremity deep tendon reflexes, hyperactive lower extremity deep tendon reflexes, increased lower extremity tone, and decreased bilateral hand sensation in a glove distribution. The neurosurgeon indicated that imaging demonstrated a non-union at C6/7 with compression of the nerve roots and mild cord compression. On 2/3/15, utilization review non-certified the

request for C6/7 anterior cervical discectomy and fusion (ACDF), inpatient stay x 1 day, assistant surgeon, and post-operative management. The rationale for non-certification cited the absence of guidelines support for repeat surgery at the same level and no imaging evidence that the previous fusion had failed. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### **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 (ACDF): Overturned**

**Claims Administrator 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: Treatment index, 13th edition (web),2015,Neck-Fusion, anterior cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Neck and Upper Back, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have been met. This patient presents with a non-union of the prior C6/7 anterior plated fusion with possible hardware loosening, and a worsening neurologic presentation. Clinical exam findings are consistent with imaging evidence of nerve root and mild cord compression. There is significant deterioration documented in functional ability. Therefore, this request is medically necessary.

#### **associated surgical service: Inpatient stay x1 day: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Treatment index, 13th Edition (web), 2015, Neck-Hospital length of stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 anterior cervical fusion is 1 day. This request is consistent with guidelines and medically necessary.

**associated surgical service: Assistant Surgeon: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: treatment index, 13th edition (web), 2015, Low back and surgical assistant.

**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. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) 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 22551, 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.

**Post Operative Management: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: treatment index, 13th edition (web), 2015, Neck-Magnets.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for anterior cervical discectomy and fusion suggest a general course of 24 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of unspecified post-operative treatment which is not consistent with guidelines. Therefore, this request for an unknown amount of post-operative physical therapy visits is not medically necessary.