

Case Number:	CM15-0029659		
Date Assigned:	02/23/2015	Date of Injury:	08/11/2013
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 63-year-old male with reported date of injury 07/06/2000; the mechanism of injury is not provided for review. The injured worker is being treated for herniated nucleus pulposus, cervical degenerative disc disease, and cervical radiculitis. The previous treatments completed have included 24 sessions of physical therapy, medication, and activity modification. A cervical spine x-ray performed on 10/30/2013 was noted to reveal multilevel degenerative changes of the cervical spine particularly at C3-4 and C6-7 with no evidence of fracture or spondylolisthesis. An MRI of the cervical spine was apparently performed on 10/30/2013 which was noted to demonstrate a mild herniated nucleus pulposus at C3-4 and evidence of herniated nucleus pulposus with osteophyte complex with associated disc collapse and facet degenerative joint disease causing mild central stenosis and right neural foraminal stenosis at C5-6. A clinical note dated 02/18/2015 noted that the injured worker had continued complaints of pain in the cervical spine rated 7/10. It was noted that this pain was associated with radiation in the right arm as well as numbness to the right hand and fingers. On physical examination of the cervical spine, it was noted that range of motion was restricted. There was tenderness to the paracervical musculature on the right. Muscular strength was measured at 5/5 throughout except in the right elbow extensor which was measured at 4+/5. There was decreased sensation in the C6 dermatome on the right upper extremity. The treatment plan indicated that the physician was recommending anterior cervical discectomy and fusion at C4-5 and C5-6 due to significant spondylosis at C4-5 and continued complaints of neck and arm pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical decompression & fusion C4-5, C5-6: Upheld

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Discectomy-laminectomy-laminoplasty; Fusion, anterior cervical.

Decision rationale: According to American College of Occupational and Environmental Medicine Guidelines, referral for surgical consultation is indicated for injured workers who have persistent, severe disabling shoulder or arm symptoms; activity limitation of more than 1 month or with extreme progression of symptoms; clear clinical, imaging, electrophysiologic evidence, consistently indicating the same lesion has been shown to benefit from surgical repair in the both the short and long term; unresolved radicular symptoms after receiving conservative treatment. In addition, according to the Official Disability Guidelines, cervical fusion may be recommended in injured workers who have progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain, despite 8 weeks of conservative therapy with clinically significant functional limitation resulting in inability or sufficiently decreased ability to perform normal, daily activities or work, and there is diagnostic imaging demonstrating cervical nerve root compression. Although it was noted that the injured worker has right C6 dermatomal decreased sensation, there is lack of official MRI provided for review demonstrating C6 cervical root compression. Additionally, the documentation indicates that the physician was recommending fusion at the C4-5 level due to spondylosis, however, there is no evidence via the imaging studies of this finding. Furthermore, there is lack of evidence the injured worker had attempted an adequate amount of conservative therapy to include epidural steroid injection. Therefore, the request for anterior cervical decompression and fusion C4-5, C5-6 is not medically necessary.

Pre-operative EKG: 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) Low Back, Preoperative electrocardiogram (ECG).

Decision rationale: The California MTUS/ACOEM Guidelines do not address the need for preoperative EKG. However, the Official Disability Guidelines state that preoperative electrocardiogram may be recommended in injured workers who are undergoing high risk surgery or those undergoing immediate risk surgery with additional risk factors such as history of

ischemic heart disease, compensated or prior history of heart failure, cardiovascular disease, diabetes mellitus or renal insufficiency. There is lack of evidence within the documentation that the injured worker has significant comorbid conditions that would support the need for preoperative EKG. Additionally, the correlated surgery for which this preoperative EKG was dependent was found to be not medically necessary. As such, the request for preoperative EKG is not medically necessary.

Pre-op labs: 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) Low Back, Preoperative lab testing.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the need for preoperative labs. However, the Official Disability Guidelines state that preoperative urinalysis is recommended in patients undergoing invasive urological procedures or those undergoing implantation of foreign materials; electrolyte or creatinine testing should be performed in patients with underlying chronic disease; glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus; a complete blood count is indicated for patients with disease that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated; and/or coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding. There is a lack of documentation of what exact preoperative labs are being requested. Additionally, there is lack of evidence that the injured worker has significant comorbid conditions that would support the need for preoperative lab testing. Furthermore, the correlated surgical request for which this preoperative lab testing is depended was found to be not medically necessary. As such, the request for preoperative labs is not medically necessary.

Pre-op chest x-ray: 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) Low back, Preoperative testing, general.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the need for preoperative chest x-ray. However, the Official Disability Guidelines state chest x-rays may be reasonable for patients at risk for postoperative pulmonary complications and if the results would change perioperative management. There is lack of rationale provided within the documentation as to why the injured worker would need preoperative chest x-ray as there is lack of evidence that the injured worker would be at significant risk for postoperative pulmonary complications.

Additionally, the correlated surgical procedure for which this preoperative testing is based was found to be not medically necessary. As such, the request for a preoperative chest x-ray is not medically necessary.