MAXIMUS Federal Services

Case Number:	CM15-0214499		
Date Assigned:	11/04/2015	Date of Injury:	03/04/2013
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This injured worker is a 51-year-old male who sustained an industrial injury on 3/4/13. Injury occurred when he hit his head on an alignment rack. He underwent C4-C7 anterior cervical discectomy and fusion on 7/25/14. The 6/12/15 cervical spine MRI documented the fusion at C4- C7. At C3/4, there was a 3-4 mm central disc protrusion contacting and deforming the ventral aspect of the cervical cord, and canal stenosis. There was a 2 mm broad-based disc osteophyte complex extending into the bilateral neuroforaminal exit zoned resulting in bilateral neuroforaminal narrowing. The 8/11/15 treating physician report cited constant grade 3-5/10 neck pain radiating into the right shoulder, worse with range of motion, prolonged cervical flexion or driving. He had improved right grip strength and tingling in the right 5th finger. His entire arm went numb when sleeping with the arm bent. Physical exam documented positive Spurling's on the right, and painful and restricted cervical range of motion. Biceps and triceps reflexes were trace and brachioradialis reflexes were absent. There was sensory loss in the right ulnar fingers and over the C3, C4, and C5 dermatomes, and 4/5 motor weakness. Authorization was requested for C3/4 anterior cervical discectomy and arthrodesis instrumentation (fusion) with associated surgical requests for intraoperative neurophysiologic monitoring for the cervical spine, assistant surgeon, and 2-day inpatient stay. The 10/7/15 utilization review certified the requests for C3/4 anterior cervical discectomy and fusion and an assistant surgeon. The request for intraoperative neurophysiologic monitoring was non-certified, as literature did not support the benefit of this device in this particular type of surgery. The request for a 2-day inpatient stay was modified to a one-day stay consistent with the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Intraoperative neuromonitoring for cervical spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: The California MTUS guidelines are silent regarding this procedure. The Official Disability Guidelines recommend intraoperative neurophysiologic monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring, and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. Guideline criteria have been met. This injured worker has been certified for a C3/4 anterior cervical discectomy and fusion in the setting of spinal cord deformity. Intraoperative neurophysiologic monitoring is supported at the discretion of the surgeon. Therefore, this request is medically necessary.

Associated surgical service: 2 day inpatient 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 (ODG), 2015, Neck and Upper Back, 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 (ODG) 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. The 10/7/15 utilization review modified the request for 2 days length of stay, certifying 1 day. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 1 day inpatient stay previously certified. Therefore, this request is not medically necessary.