

Case Number:	CM15-0219934		
Date Assigned:	11/13/2015	Date of Injury:	12/16/2003
Decision Date:	12/31/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/09/2015

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: California
 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 59 year old diabetic female, who sustained an industrial injury on December 16, 2003, incurring neck and upper back injuries. She was diagnosed with cervicgia, cervical disc disease, and cervical stenosis. In 2004, she underwent a cervical fusion and in 2013, a right shoulder arthroscopic rotator cuff repair. Treatment included physical therapy, medications and restricted activities. Currently, the injured worker complained of chronic pain in her neck radiating into the arms, and down into the hips and knees. She noted restricted movement in her neck. Her pain was aggravated by everything and alleviated by medications and rest. The neck pain was greater than the arm pain and was associated with numbness and tingling. She was depressed, and unable to cope with restrictions of her activities of daily living and functioning. MRI cervical spine from 10/8/15 demonstrates central canal stenosis with AP diameter of 6 mm and with moderate right and mild left foraminal narrowing. The treatment plan that was requested for authorization included inpatient cervical discectomy and fusion; one day inpatient hospital stay; preoperative electrocardiogram; cardiac clearance; CBC; CMP; PTT-PT; Hemoglobin A1C; and an ████████ cervical collar. On October 9, 2015, requests for cervical surgery, preoperative studies and durable medical equipment were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient C4-C5 anterior cervical discectomy and fusion, C4-C5 anterior fusion with anterior instrumentation, structural allograft, C5-C7 removal instrumentation: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case, the exam notes demonstrates early cervical myelopathy and severe stenosis from the MRI of 10/8/15. The claimant has failed nonsurgical management. Therefore, the request is medically necessary.

One day inpatient hospital stay: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Hospital Length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1-day inpatient stay is recommended following an anterior cervical fusion. As a request is for 1 day the request is medically necessary.

Preoperative EKG: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the patient is a poorly controlled diabetic. This warrants for preoperative testing including EKG prior to the proposed surgical procedure. Therefore, the request is medically necessary.

Preoperative cardiac clearance: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the patient is a poorly controlled diabetic. This warrants for cardiac clearance prior to the proposed surgical procedure. Therefore the request is medically necessary.

Preoperative lab: CBC: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the patient is a poorly controlled diabetic. This warrants for preoperative testing including CBC prior to the proposed surgical procedure. Therefore, the request is medically necessary.

Preoperative lab: CMP: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the patient is a poorly controlled diabetic. This warrants for preoperative testing prior to the proposed surgical procedure. Therefore, the request is medically necessary.

Preoperative lab: PT/PTT: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the patient is a poorly controlled diabetic. However, there is no evidence of bleeding disorder in the submitted records in this 59 year old claimant. Therefore, the request is not medically necessary for PT/PTT.

Preoperative lab: Hemoglobin A1c: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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.

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case, the patient is a poorly controlled diabetic. This warrants for preoperative testing prior to the proposed surgical procedure. Therefore, the request is medically necessary.

Associated Surgical Service: [REDACTED] cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, cervical collars, postoperative (fusion).

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post operative (fusion), not recommended after single-level

anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Non-braced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all-time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates of fusion in the non-braced group over all time intervals, but those were not statistically significant. As the guidelines do not support bracing postoperatively, the request is not medically necessary.