MAXIMUS Federal Services

Case Number:	CM15-0040268		
Date Assigned:	03/10/2015	Date of Injury:	11/27/2007
Decision Date:	05/06/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York
Certification(s)/Specialty: Neurological 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 58-year-old male with an industrial injury dated 03/13/2000. His diagnosis includes cervical spondylosis with radiculopathy, degenerative disc disease at cervical 4-5 through cervical 6-7, adjacent segment disease at cervical 7-thoracic 1 with left cervical 8 radiculopathy due to moderate to severe neuro foraminal stenosis and adjacent segment degeneration at cervical 3-4 with central HNP (herniated nucleus pulposus) at cervical 3-4. Other diagnosis listed refers to lumbar spine. Prior treatment includes medications and diagnostics to include MRI. Progress note dated 02/04/2015 documents the injured worker complained of increased numbness and tingling in his left upper extremity involving his entire hand and forearm. Physical exam noted cervical range of motion to be 50% of normal with tenderness at left trapezius. The provider documents the injured worker is concerned about the progression and is ready for surgery. The provider also notes the injured worker's condition has acutely changed for the worse and treatment plan was for surgery of cervical/thoracic spine with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-T2 posterior spinal fusion and instrumentation with bilateral C7-T1 lamionforaminotomies: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Adjacent segment disease, decompression, laminectomy.

Decision rationale: The ODG guidelines do recommend surgery-fusion in patients with symptomatic adjacent segment disease. Documentation shows significant C7 stenosis and the guidelines do recommend decompression when supported by radiologic evidence. ODG guidelines also recommend laminectomy as an option for decompression. The provider notes that instability will follow his decompression. Thus, the requested treatment spinal fusion and instrumentation with bilateral C7-T1 laminoforaminotomies is medically necessary and appropriate.

Associated service: Assistant surgeon: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-surgical assistant and Other Medical Treatment Guidelines Since the requested treatment spinal fusion and instrumentation with bilateral C7-T1 laminoforaminotomies is medically necessary and appropriate, then the Requested Treatment: Associated service: Assistant surgeon Is Medically necessary and appropriate.

Decision rationale: Since the requested treatment spinal fusion and instrumentation with bilateral C7-T1, laminoforaminotomies is medically necessary and appropriate. Then the Requested Treatment: Associated service: Assistant surgeon is medically necessary and appropriate. The ODG guidelines do recommend an assistant surgeon for more complex operations, which this patient had.

Associated service: Pre operative appointment: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter.

Decision rationale: The ODG guidelines do recommend pre-operative assessment an testing if the patient has co morbidities, which would affect the post-operative management. Documentation does provide evidence that these comorbidities should be addressed. Moreover,

the operation has significant risk of complications, which should be explained to the patient under the guidelines. Requested Treatment: Associated service: Pre operative appointment is medically necessary and appropriate.

Associative service: Intraoperative monitoring: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter.

Decision rationale: The ODG guidelines do recommend evoked potential studies when the patient would be unconscious (e.g. under anesthesia). The guidelines emphasize that electrodiagnostics need to be performed by properly trained individuals. They also note that EMG studies may not be highly specific. Therefore, the request is medically necessary.

Associated service: Cervical collar: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-cervical collar, post operative.Back brace, post operative (fusion).

Decision rationale: The ODG guidelines do not recommend a cervical collar for a single level anterior cervical fusion with plate. However, this patient underwent a multilevel cervical exploration with instrumentation. The guidelines do note there may be special circumstances (multilevel cervical fusion) in which some form of external immobilization might be desirable. Therefore, the request is medically necessary.