

Case Number:	CM15-0045271		
Date Assigned:	03/17/2015	Date of Injury:	06/19/2014
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old female, who sustained an industrial injury on June 19, 2014. She has reported neck pain and left arm pain. Diagnoses have included cervical spine stenosis and myeloradiculopathy with spinal cord compression. Treatment to date has included medications, shoulder injections, use of a sling, and imaging studies. A progress note dated January 30, 2015 indicates a chief complaint of neck pain radiating to the left arm with numbness and tingling. The treating physician documented a plan of care that included cervical spine fusion surgery and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient length of stay 1-2 days, following C4-C6 anterior cervical discectomy and fusion with allowgraft , bone graft and plate fixation: 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 ODG, Neck and Upper Back, under Cervical Fusion Hospital Length of Stay.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Cervical Fusion, Anterior (81.02) Other cervical fusion, anterior technique) Actual data median 1 day; mean 2.2 days (0.1); discharges 161,761; Best practice target (no complications) 1 days. The surgery itself was not certified. Without the MRI reports corroborating neural compromise or cervical instability, surgery is not supported. As the surgery is not supported, the ancillary requests such as inpatient length of stay would not be applicable. The request IS NOT medically necessary.

Spinal cord monitoring: 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) Neck and Upper Back, under Neuro-physiological Monitoring.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Recommended during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neuro-physiological monitoring. Without the MRI reports corroborating neural compromise or cervical instability, surgery is not supported. As the surgery is not supported, the ancillary requests such as this monitoring would not be applicable. The request IS NOT medically necessary.

Preoperative labs, (CBC with diff, CMP, PT/PTT, UA, UA with reflex, sed rate, blood type and RH, antibody screen, MRSA, chest X-ray, 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 <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose

diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the surgery itself is not certified. Without the MRI reports corroborating neural compromise or cervical instability, surgery is not supported. As the surgery is not supported, the ancillary requests such as this preoperative blood work would not be applicable. The request IS NOT medically necessary.

Medical clearance: 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 Lange Orthopedics, 2002 Edition.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Per Lange and other orthopedic texts, medical clearance is often used prior to surgery to make sure there are no comorbid conditions that would adversely impact the surgery. It is not clear what services would be entailed, as only "medical clearance" is specified. Moreover, the surgery itself was not certified. Without the MRI reports corroborating neural compromise or cervical instability, surgery is not supported. As the surgery is not supported, the ancillary requests such as medical clearance would not be applicable. The request IS NOT medically necessary.

Assistant surgeon: Upheld

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 American Academy of Orthopedic Surgeons (AAOS.COM) Position Statement on Assistant Positions.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Per the American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics, the role of a first assistant is: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. The claimant was injured lifting a heavy water bottle. She had neck pain radiating to

the left arm. Shoulder injection was not helpful. She needed Norco. She has diabetes, hypertension and asthma. X-rays showed degenerative spurs and collapse. There was foraminal stenosis at C4-5 and C5-6. No formal x-ray or MRI reports were present. Without the MRI reports corroborating neural compromise or cervical instability, surgery is not supported. As the surgery is not supported, the ancillary requests such as an assistant surgeon would not be applicable. The request IS NOT medically necessary.