

<b>Case Number:</b>	CM14-0127864		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old female who reported an injury on 06/20/2011. The mechanism of injury involved heavy lifting. Current diagnoses include status post anterior cervical decompression and fusion on 10/24/2013, C5-6 pseudarthrosis, and degenerative disc disease at T5-7. The injured worker was evaluated on 07/22/2014. Previous conservative treatment is noted to include ESWT, cognitive behavioral therapy, physical therapy, medication management, epidural steroid injections, and home exercise. The injured worker presented with complaints of persistent neck pain, mid back pain, and low back pain. The current medication regimen includes Tylenol #4 and Flexeril. Physical examination revealed restricted cervical range of motion, negative Spurling's maneuver, and positive thump with radiation along the chest. X-rays of the cervical spine revealed pseudarthrosis at C5-6 with loosening of screws at C5-6 as well. Treatment recommendations at that time included a posterior fusion at C5-6 with a 2 to 3 day inpatient stay, presurgical internal medicine evaluation and clearance, and an assistant surgeon. A postoperative cervical brace, rehabilitative physical therapy, home health evaluation, and transportation were also requested at that time. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascular Surgeon:** 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 Chapter, Surgical Assistant.

**Decision rationale:** The Official Disability Guidelines state a surgical assistant is recommended as an option in more complex surgeries. As per the documentation submitted, the injured worker has been issued authorization for a posterior fusion at C5-6. The injured worker has also been issued authorization for an assistant surgeon during the procedure. Given that the surgical procedure will be performed from the posterior approach, the medical necessity for a vascular surgeon has not been established. Based on the clinical information received, the request is not medically appropriate.

**Internal Medicine Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHC 2007 Guidelines on Perioperative cardiovascular Evaluation and care for Noncardiac

**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 Chapter, Preoperative Testing, General.

**Decision rationale:** The Official Disability Guidelines state preoperative testing is guided by the patients clinical history, comorbidities, and physical examination findings. As per the documentation submitted, there is no evidence of a significant medical history, comorbidities, or significant medical conditions that would warrant the need for preoperative medical clearance. As such, the current request is not medically appropriate.

**Two nights inpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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 & Upper Back Chapter, Hospital Length of Stay.

**Decision rationale:** The Official Disability Guidelines state the median length of stay following a posterior cervical fusion includes 4 days. Therefore, given that the injured worker has been issued authorization for a posterior fusion at C5-6, the current request for a 2 day inpatient stay does fall within guideline recommendations. As such, the request is medically appropriate.

**Home Health Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Home health services

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. There is no indication that this injured worker will be homebound following surgery. The specific type of home health services required is not listed in the request. The medical necessity has not been established. Therefore, the request is not medically appropriate.

**CT Scan of cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the injured worker has undergone plain x-rays. The x-rays obtained in the office on the requesting date of 07/22/2014 indicated clear pseudarthrosis at C5-6 with loosening of the screws. Therefore, the medical necessity for a CT scan has not been established. As such, the request is not medically appropriate.