

Case Number:	CM14-0210769		
Date Assigned:	12/23/2014	Date of Injury:	09/25/2013
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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
 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 43-year-old female with a reported injury on 09/25/2013. The injury reportedly occurred when a 12-year-old child punched the injured worker by fist on her upper back and neck. Her diagnoses were noted to include complex regional pain syndrome with cervical disc herniations at C4-5 and C5-6. The injured worker's past treatments have included cervical epidural steroid injections, spinal cord stimulator, activity modification, and use of a cervical collar. Her diagnostic testing has included x-rays on the day of injury. An unofficial cervical spine CT scan on 10/02/2013 which reported vertebral bodies were normal in height and alignment with no evidence of fracture; disc spaces were unremarkable; visualized soft tissues were unremarkable; there were 2 leads extending within the spinal canal posteriorly from C2 to C6 level; there was no interruption seen. Beam hardening artifacts obscure some of the details. The injured worker had an unofficial cervical spine x-ray on 09/25/2013 which revealed reversal of the normal cervical lordosis centered at C4-5 with minimal retrolisthesis C5 relative to C4. There was a generator left chest with 2 leads extending adjacent to the posterior elements at the cervical spine, probably within the spinal canal. Leads appeared intact. Vertebral body heights and intervertebral disc spaces were well maintained. Lateral masses demonstrated anatomic alignment. Dens is obscured by overlying bone, but appears grossly intact. Prevertebral soft tissues within normal limits. The injured worker had an unofficial CT myelogram on 02/10/2014 which showed cerebral disc herniations at C4-5 and C5-6 with degenerative changes at these levels as well creating some central stenosis which is probably causing the spinal cord to come into closer proximity with the stimulator when the injured worker is in forward flexion. The

injured worker's surgical history has included spinal cord stimulator placement in 2003, 2004, 2007, and 2008 with revision of the battery in 2014. She also had a mass removed from her neck in 1998 and several other unrelated surgeries. The injured worker was evaluated for a preoperative History and Physical on 10/01/2014. The injured worker was noted to wear a hard cervical collar much of the time to prevent her neck from moving. Physical examination revealed severely limited range of motion due to intense with forward flexion and side to side rotation. The injured worker had a well healed posterior incision as well as a well healed left chest battery incision. Shoulder shrug measured 5/5 and was symmetric. Strength in the upper and lower extremities measured 5/5 bilaterally. Her gait was normal. The plan was for an anterior cervical decompression and fusion at C4-5 and C5-6 to remove the disc material that was likely causing the cord to come in closer contact with the paddle electrodes causing her electrical sensation in the arms. The procedure would also eliminate mobility at that level which would hopefully further help her symptoms. Her medications were noted to include Celexa 10 mg daily, meloxicam 15 mg daily, Flexeril 10 mg 3 times per day, morphine sulfate ER 30 mg 3 tablets twice per day, Nortriptyline 50 mg 2 tablets at bedtime, Protonix 20 mg daily, trazodone 50 at bedtime, and Xanax 0.5 mg twice per day. The request was for an inpatient C4-C5, C5-C6 anterior cervical discectomy and fusion with a 1 day hospital length of stay and preoperative laboratory testing, and a followup visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient C4-C5, C5-C6 anterior cervical discectomy and fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: The request for Inpatient C4-C5, C5-C6 anterior cervical discectomy and fusion is not medically necessary. The injured worker continued to complain of neck pain. The California MTUS/ACOEM Guidelines state that discectomy is recommended in cases where there is evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. The provided documentation did not include imaging studies with evidence of specific nerve root or spinal cord dysfunction. As such, the requested service is not supported. Therefore the request for Inpatient C4-C5, C5-C6 anterior cervical discectomy and fusion is not medically necessary.

Hospital length of stay for 1 day: 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 Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Hospital length of stay (LOS).

Decision rationale: The request for Hospital length of stay for 1 day is not medically necessary. The associated surgical procedure was non-certified. The Official Disability Guidelines do recommend a hospital length of stay of 1 day for an anterior cervical fusion. However, the anterior cervical discectomy and fusion was non-certified so the ancillary service of hospital length of stay is not supported. Therefore, the request for Hospital length of stay for 1 day is not medically necessary.

Basic metabolic Complete Blood Count (CBC), Prothrombin Time (PT), Partial Thromboplastin Time (PTT), Urinalysis, and UA with culture: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

Decision rationale: The request for Basic metabolic Complete Blood Count (CBC), Prothrombin Time(PT), Partial Thromboplastin Time (PTT), Urinalysis, UA with culture is not medically necessary. The associated procedure of C4-C5, C5-C6 anterior cervical discectomy and fusion was non-certified. The Official Disability Guidelines recommend preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material, electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients that have significant perioperative blood losses anticipated, and coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. As the associated surgical procedure was non-certified, the requested ancillary procedure is not supported. Additionally, the injured worker had normal lab work (CBC, BMP, UA with culture, PT and PTT) on 08/20/2014. Therefore, the request for Basic metabolic Complete Blood Count (CBC), Prothrombin Time (PT), Partial Thromboplastin Time (PTT), Urinalysis, UA with culture is not medically necessary.

Follow up visit: Upheld

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

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

Decision rationale: The request for followup visit is not medically necessary. The associated surgical procedure was non-certified. The California MTUS/ACOEM Guidelines recommend physician followup after appreciable healing or recovery can be expected. As the associated surgical procedure was not certified, the ancillary followup visit is not supported. Therefore, the request for the follow up visit is not medically necessary.