

<b>Case Number:</b>	CM15-0007361		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Sports 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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 50-year-old male who reported an injury on 01/26/2011. The case was previously reviewed and given an adverse determination based on a lack of significant radicular pain related to the cervical spine. Additionally, it was stated that the injured worker's MRI was not provided for review. No x-rays or electrodiagnostic studies had been performed. The injured worker was seen on 12/19/2014 with his examination indicating normal cervical lordosis with no tenderness to palpation and no muscle spasms. There is only indication of a positive Spurling's sign on the left, but no indication of any sensory deficits or other neurologic issues. An MRI of the cervical spine was performed on 10/03/2014, due to the injured worker's clinical history of neck pain with radiculopathy extending to the left shoulder. The impression was of mild progress of degenerative changes since 01/2012 at C3-4, C4-5 and C5-6, now with foraminal narrowing which may result in contact or compression of the exiting bilateral C4 and bilateral C6 nerve roots; there was also progressive central canal stenosis at C5-6 with near complete effacement of the CSF with no cord edema or myelomalacia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy & fusion at C4-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 179-181.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, without the injured worker having identification of any significant neurological deficits on his examination, the proposed surgical procedure cannot be supported. Additionally, the guidelines indicate that exhaustion of conservative modalities prior to requesting the surgical intervention must be noted. Therefore, based on the current documentation provided for review, the requested service was determined to be not medically necessary.

**associated surgical service: 2 day hospital stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute & Chronic)

**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 Chapter, Hospital Length of Stay.

**Decision rationale:** Under the Official Disability Guidelines, injured workers are supported for 1 day inpatient stay after undergoing an ACDF. However, as the injured worker has not met the primary surgical procedure criteria, the ancillary require for inpatient stay has not been met. Additionally, the request exceeds the maximum allowance under the Official Disability Guidelines for hospital length of stay. As such, the request is not medically necessary.

**associated surgical service: Inter-operative spinal cord monitoring:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute & Chronic)

**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 Chapter, Intraoperative neurophysiological monitoring (during surgery).

**Decision rationale:** Under the Official Disability Guidelines, although injured workers are supported for intraoperative spinal cord monitoring during a spinal cord procedure, with the injured worker not meeting the primary surgical procedure criteria, the ancillary request for intraoperative spinal cord monitoring is not medically necessary.

**associated surgical service: Assistant Surgeon: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute & Chronic)

**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:** According to the Official Disability Guidelines, although a surgical assistance may be warranted for injured workers undergoing a spinal surgery, with the injured worker not meeting the primary surgical procedure criteria, the ancillary request for an assistant surgeon is not medically necessary.