

Case Number:	CM15-0009345		
Date Assigned:	01/27/2015	Date of Injury:	05/29/2012
Decision Date:	03/31/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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

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(IW) is a 60 year old male, who sustained an industrial injury on 05/29/2012. He has reported numbness and swelling in the top of the index fingers of both hands. He is also having right sided neck pain rated at a 7/10 with numbness, and a pins and needles sensation with burning in both index fingers. The diagnoses now include a chronic 2 year history of neck pain, radiculitis, and numbness in the right hand and fingers. Treatment and diagnostics to date has included MRI's of the right and left index finger and the right and left hand, a MRI of the neck, and an EMG nerve conduction study of the bilateral upper extremities. The IW was working light duty work with limited computer typing and mouse work. On June 12, 2014, the IW complained of an increase in pain in the right wrist and hand. He was noted to have decreased range of motion in the right hand and tenderness. A request was made for a MR arthrogram of the right wrist and a surgical consultation. A four view cervical spine x-rays showed mild to moderate loss of disc height at C5-C6 and C6-C7 and C7-T1. A nerve test 09/02/2014 showed findings consistent with C6 and C7 radiculopathy. On November 23, 2014 there is note that the MRI showed foraminal stenosis at C6-C7, and the EMG showed findings consistent with C6 and C7 radiculopathy. The IW has neck pain radiating down the arm. The IW has had a trial of physical therapy, chiropractic treatment, acupuncture and an epidural injection. A request was made for authorization of an anterior cervical discectomy and fusion at C5-C6 and C6-C7. On 12/15/2014 Utilization Review non-certified a C5-6, C6-7 Anterior Cervical Discectomy and Fusion, noting the IW had neuropathic findings on EMG/NCS, and documented swelling and numbness in the index finger, so it is prudent that the IW be evaluated with a hand

specialist prior to making the decision for the cervical spine surgery. The MTUS, ACOEM Guidelines, Chapter 8 Neck and Upper Back Complaints were cited as were the Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary last updated 11/18/2014, Indications for discectomy/laminectomy, Criteria for anterior cervical discectomy and fusion (ACDF). On 12/15/2014 Utilization Review also non-certified a Pre-Operative Medical Clearance, an Assistant Surgeon/PA, and the request for 2 day hospital stay noting that without approval of surgery the medical necessity is not established for these services. On 01/15/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7 Anterior Cervical Discectomy and Fusion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary last updated 11/18/2014, Indications for discectomy/laminectomy, Criteria for anterior cervical discectomy and fusion (ACDF)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 11/23/14 do demonstrate failure of conservative treatment and correlating exam findings with EMG showing a C6/7 radiculopathy. Therefore the determination is for certification.

Pre-Operative Medical Clearance: Overturned

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, Low Back Preoperative testing

Decision rationale: CA MTUS/ACOEM and ODG Neck and upper back chapter are silent on the issue of preoperative testing. An alternative chapter in ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. In this case the patient is a 60 year old who meets criteria for preoperative testing prior to a two level anterior cervical discectomy and

fusion as it is moderately invasive and involves the anterior neck and spinal cord. Therefore the determination is for non-certification.

Assistant Surgeon/PA: Overturned

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.aaos.org/about/papers/position/1120.asp>

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "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 function 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." There is an indication for an assistant surgeon for a anterior cervical discectomy and fusion. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case the decision for an assistant surgeon is medically necessary and is therefore is certified.

Associated surgical service: 2 day hospital stay: 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, Neck, Hospital Length of stay

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As a request is for 2 days, the determination is for non-certification has not medically necessary and appropriate.