

Case Number:	CM15-0116290		
Date Assigned:	06/24/2015	Date of Injury:	11/02/2005
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Illinois, California, 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 male who sustained an industrial injury on 11/02/05. Injury occurred while he was installing an oven hood that fell, striking him in the head and right shoulder. The 6/11/07 cervical spine MRI impression documented a 2 mm disc bulge at C4/5 with bilateral exiting nerve root compromise, and 2-3 mm disc bulges at C5/6 and C6/7 with bilateral exiting nerve root compromise. The 7/24/13 AME report documented MRI findings of multilevel cervical degenerative disc disease with moderate to severe right foraminal stenosis and facet arthropathy at C6/7 and retrolisthesis at C5/6 with clinically significant disc bulging and foraminal stenosis. The injured worker was opined a candidate for cervical fusion. The 2/26/15 spine surgery report cited continued neck pain radiating into the upper extremities with numbness and weakness, and continued right shoulder pain with decreased range of motion and weakness status post-surgical intervention. Physical exam documented cervical paravertebral muscle tenderness and spasms, decreased cervical flexion and extension, and decreased sensation over the C5, C6, and C7 dermatomes with pain. He had 4/5 right deltoid weakness and weakness with right arm elevation. He documented positive impingement and Hawkin's signs in the right shoulder. The injured worker was deemed a candidate for right shoulder revision surgery and possible cervical surgery. The diagnosis included cervical radiculopathy and shoulder tendonitis/bursitis. Records documented a 3/7/15 cervical spine MRI revealed multilevel posterior disc protrusion, including the C5/6 and C6/7 levels with thecal sac effacement and bilateral nerve root compromise at C4/5 through C7/T1. The 5/20/15 treating physician report indicated that the injured worker presented prior to his scheduled visit in order to request to go forward with cervical fusion. He had seen the pain management physician who indicated that additional injections would be of little benefit. Physical exam documented cervical paravertebral

muscle spasms, tenderness and guarding with decreased range of motion. There was decreased sensation in the C5 and C6 dermatomes bilaterally, 4/5 bilateral deltoid weakness, and diminished 1+ biceps reflex bilaterally. He had undergone 5 cervical epidural steroid injections and conservative treatment with physical therapy and medications with little benefit. Authorization was requested for anterior cervical discectomy and fusion with instrumentation at C5/6 and C6/7, pre-operative medical evaluation, and an assistant surgeon. The 6/9/15 utilization review non-certified the anterior cervical discectomy and fusion with instrumentation at C5/6 and C6/7 and associated surgical requests as the available MRI did not define these levels as probable sources of symptoms or adequately correlate with physical findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion with instrumentation at C5-6 and C6-7: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Indications for Surgery, Discectomy / laminectomy (excludes fractures).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provides specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have been met. This injured worker presents with persistent function-limiting neck pain radiating into the upper extremities with numbness and weakness. Pain distribution was noted in the C5-C7 distribution. Clinical exam findings are consistent with reported imaging evidence of C5/6 and C6/7 nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Pre-operative medical evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical service: Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Physician Fee Schedule Search, CPT Code 63075.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT codes 22551 and 22845, there is a "2" in the assistant surgeon column for each code. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.