

Case Number:	CM15-0128376		
Date Assigned:	07/20/2015	Date of Injury:	12/06/2010
Decision Date:	09/29/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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 is a 58-year-old male who sustained an industrial injury on 12-06-10. Initial complaints and diagnoses are not available. Treatments to date include medications, physical and psychological therapy. Diagnostic studies include MRIs and electrodiagnostic studies. Current complaints include lower back and left shoulder pain. Current diagnoses include lumbosacral musculoligamentous strain and sprain, lumbar spine multiple disc protrusions and intervertebral stenosis, left shoulder strain, sprain, tendinitis, rotator cuff tear, and impingement syndrome; acromioclavicular joint osteoarthritis bursitis, sexual dysfunction, sleep disturbance due to pain, and situational depression. In a progress note dated 05-07-15 the treating provider reports the plan of care as chiropractic care and urine drug screen. Exam note from 5/28/15 demonstrates worsening deterioration with positive Romberg and abnormal tandem gait. The requested treatment includes anterior cervical disc fusion at C5-7 and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic).

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 5/28/15 demonstrate evidence of cervical myelopathy, which is a surgical lesion. The patient is getting progressively worse and meets guideline criteria for C5-C7 ACDF. Therefore, the request is medically necessary.

Assistant Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons (www.aaos.org/about/papers/position/1120.asp).

Decision rationale: The 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 cervical 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.

Inpatient Hospital Stay (2-days): Upheld

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

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: The 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. The request is for 3 days, which exceeds guideline criteria; therefore, the request is not medically necessary.

Pre-Operative Medical Clearance (consult and labs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: The 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 healthy 58 year old without comorbidities or physical examination findings concerning for preoperative clearance prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated Surgical Service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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.

Decision rationale: The 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 healthy 58 year old without comorbidities or physical examination findings concerning for preoperative EKG prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated Surgical Service: Chest x-Ray: Upheld

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

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.

Decision rationale: The 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 healthy 58 year old without comorbidities or physical examination findings concerning for CXR prior to the proposed surgical procedure. Therefore, the request is not medically necessary.

Associated Surgical Service: TEC System (Iceless cold therapy unit with DVT and cervical wrap), 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Continuous-flow cryotherapy.

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, Continuous Flow Cryotherapy.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Neck and Upper back regarding continuous flow cryotherapy, it is not recommended in the neck. Local application of cold packs is recommended by the ODG Neck and Upper Back section. Therefore, the request is not medically necessary.

Associated Surgical Service: Orthofix Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Bone growth stimulator.

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, Bone Growth Stimulator.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of bone growth stimulator for the cervical spine. According to the ODG Neck and Upper Back, Bone growth stimulator, it is under study. An alternative Guideline, the low back chapter was utilized. This chapter states that bone growth stimulator would be considered for patients as an adjunct to spine fusion if they are at high risk. In this case, the fusion proposed is at one level and there is no high risk factors demonstrated in the records submitted. Therefore, the request is not medically necessary.

Cervical Collar/Miami J Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Cervical collar, post operative (fusion).

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, Cervical collars.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cervical collars. Per ODG, Neck section, cervical collars, post operative (fusion) Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. Still, the use of cervical collars after instrumented anterior cervical fusion is widely practiced. This RCT found there was also no statistically significant difference in any of the clinical measures between the Braced and Non-braced group. The SF-36 Physical Component Summary, NDI, neck, and arm pain scores were similar in both groups at all time intervals and showed statistically significant improvement when compared with preoperative scores. There was no difference in the proportion of patients working at any time point. Independent radiologists reported higher rates

of fusion in the non-braced group over all time intervals, but those were not statistically significant. As the guidelines do not support bracing postoperatively, the request is not medically necessary.