

Case Number:	CM15-0177207		
Date Assigned:	09/17/2015	Date of Injury:	09/30/2011
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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:

This injured worker is a 52-year-old female who sustained an industrial injury on 9/30/11. The mechanism of injury was not documented. Past medical history was positive for stress, angina, high cholesterol, and hypertension. She underwent right shoulder arthroscopy on 1/31/11, anterior cervical discectomy and fusion (ACDF) at C5/6 and C6/7 with iliac crest bone graft on 7/19/12, and left shoulder arthroscopic subacromial decompression, Mumford, biceps tenodesis, and debridement of a partial rotator cuff tear on 4/9/15. The 6/29/15 cervical spine MRI impression documented ACDF change at C5-C7, without significant malalignment or stenosis. The 6/29/15 cervical spine CT scan impression documented post-surgical changes related to ACDF from C5 through C7. There were minimal degenerative changes present at C3/4 and C4/5, with no evidence of central canal stenosis or neuroforaminal narrowing. Findings documented the anterior plate and screws appeared intact without significant peri-hardware lucency. Intervertebral body fusion had been performed with disc spacers at both C5/6 and C6/7. There was no bridging osseous fusion through C5/6. At C6/7, there was osseous fusion through the central portion of the vertebral bodies and disc space. The 6/30/15 treating physician report cited constant neck pain radiating down both upper extremities to the hands, with numbness in the left hand. The cervical MRI showed the adjacent levels above and below the C5-C7 fusion to be normal with no evidence of disc herniation. The CT scan showed pseudoarthrosis and radiolucency through the C5/6 segmental. The C6/7 level was fused. On the axial views, there was a residual neuroforaminal stenosis with posterior osteophyte at C5/6. The diagnosis was status post anterior cervical discectomy and fusion at C5-C7 with pseudoarthrosis at C5/6. He

opined that the majority of her symptoms were secondary to the pseudoarthrosis. The treatment plan recommended repeat ACDF and removal of anterior cervical plate fixation C5-C7. The 7/31/15 treating physician report cited constant grade 7-9/10 neck pain radiating to both arms to the hands with numbness and tingling in the hands and fingers. She reported functional difficulty in activities of daily living. She also complained of chest pain and difficulty breathing when her neck pain was bad. She continued to complain of headaches, dizziness, trouble sleeping, difficulty focusing, fatigue and anxiety. Physical exam documented limited cervical range of motion, mild limitation in shoulder range of motion, normal upper extremity strength, intermittent paresthesias throughout the hand, and positive cubital and wrist Tinel's to all digits. The diagnosis included status post cervical fusion C5/6 and C6/7 with left arm radiculopathy, status post bilateral shoulder surgery, and possible left carpal tunnel syndrome. The treatment plan indicated that the spine surgeon found a non-union at the previous cervical fusion site and recommended revision cervical fusion at C5/6. Authorization was requested for removal of hardware and revision of anterior cervical discectomy and fusion, pre-operative medical clearance, and assistant surgeon. The 8/19/15 utilization review non-certified the request for removal of hardware and revision of anterior cervical discectomy and fusion and associated surgical requests as there was CT scan evidence of pseudoarthrosis, but no evidence of hardware failure or lucency about the screws to indicate that the pseudoarthrosis was causing symptoms, and there were multiple areas of unexplained pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware and revision of anterior cervical discectomy and fusion: 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), Low back - Hardware implant removal (fixation), Fusion, anterior cervical, Discectomy/laminectomy (excluding fractures).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Plate fixation, cervical spine surgery; Fusion, anterior cervical.

Decision rationale: The California MTUS guidelines recommend surgical consideration for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. The Official Disability Guidelines state that pseudoarthrosis is recognized as an etiology of continued cervical pain and unsatisfactory outcome. Treatment options include a revision anterior approach vs. a posterior approach. Regardless of approach, there is a high rate of continued moderate to severe pain even after solid fusion is achieved. Guidelines generally do not recommend removal of hardware implanted for fixation, except in the care of broken hardware or persistent pain, after ruling out

other causes of pain such as infection and non-union. Guideline criteria have been met. This injured worker presents with persistent neck pain radiating to both arms. Functional difficulty is documented in activities of daily living. She is status post ACDF at the C5/6 and C6/7 levels with imaging evidence of pseudoarthrosis at the C5/6 level. Detailed evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Preoperative medical clearance: Overturned

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

<http://www.guideline.gov/content.aspx?id=48408> Perioperative protocol. Health care protocol.

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, co-morbidities, 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 Official Disability Guidelines (ODG), Low back - Surgical assistant.

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. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.