

Case Number:	CM15-0040031		
Date Assigned:	04/22/2015	Date of Injury:	01/20/2014
Decision Date:	06/11/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 41-year-old male who sustained a work related injury on 1/20/14. Injury was reported relative to the continuous trauma in his work activities as a police officer. The 2/22/14 cervical spine MRI documented multilevel cervical disc disease. At C4/5, there was a 3-4 mm disc protrusion in the left lateral recess and neuroforaminal region, causing mild to moderate midline thecal sac narrowing and severe left lateral recess narrowing and indentation of the left side of the spinal cord. There was moderate right and severe left neuroforaminal narrowing. The 11/13/14 agreed medical examiner (AME) report cited progressive cervical and left radicular symptoms. The patient was noted to be a current smoker. Subjective complaints included marked neck pain radiating to the left shoulder and upper extremity with numbness, tingling, and weakness. Functional difficulty was noted with reaching up and turning his head. Physical exam documented cervical spine guarding, limited range of motion, obvious left C5/6 dermatomal sensory deficit, decreased left biceps reflex, and left upper extremity atrophy. The injured worker had failed conservative treatment, including physical therapy, epidural steroid injections, and long-term use of anti-inflammatory medications. The AME recommended anterior cervical discectomy and fusion at C5/6. The 1/12/15 treating physician report cited neck and left arm pain, with left hand numbness. Physical exam documented decreased left C5 dermatomal sensation, decreased grip strength, and positive Spurling's test. The diagnosis was C4/5 disc herniation with left upper extremity radiculopathy. The treatment plan included anterior cervical discectomy and fusion C4/5 with requests for authorization of an internal medicine preoperative clearance and a bone growth stimulator unit. The 2/4/15 utilization review

certified the request for anterior cervical discectomy and fusion at C4/5. The associated request for internal medicine preoperative clearance was non-certified as there was no indication in the medical records of any significant co-morbidities or complications that would pose a significant risk to support separate clearance by an internist. The request for a bone growth stimulator unit was non-certified as the injured worker was undergoing a one-level fusion with no evidence of risk factors for failed fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine pre-operative clearance: 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, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116 (3): 522-38.

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 males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age, smoking status, long-term use of NSAIDs, the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical service: bone growth stimulator unit: 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 & 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: Bone-growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to spinal fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. Guideline criteria have been met based on current smoking status. Therefore, this request is medically necessary.