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| <b>Case Number:</b>   | CM15-0066065 |                              |            |
| <b>Date Assigned:</b> | 04/13/2015   | <b>Date of Injury:</b>       | 10/06/2012 |
| <b>Decision Date:</b> | 05/13/2015   | <b>UR Denial Date:</b>       | 03/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2015 |

### 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: New York  
Certification(s)/Specialty: Neurological 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 38 year old male, who sustained an industrial injury on 10/06/2012. He reported injuries to his right shoulder and increased pain in the right neck area. The injured worker is currently diagnosed as having C5-6 and C6-7 disc herniations with annular tear at C6-7, bilateral foraminal stenosis, and right cervical radiculopathy. Treatment to date has included cervical spine MRI, acupuncture, electromyography/nerve conduction studies of the upper extremities, cervical epidural steroid injections, and medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of increasing pain and stiffness to his neck radiating down the right arm with numbness, tingling, and weakness to the right upper extremity. The treating physician reported requesting authorization for associated surgical services associated with the anterior cervical discectomy and fusion at C5-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative clearance by Internal Medicine Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-preoperative testing general.

**Decision rationale:** The ODG guidelines do recommend testing and investigation to help stratify risk, direct anesthetic choices and guide postoperative management. The guidelines state this should be guided by the patient's clinical history, comorbidities and physical examination findings. Documentation does not outline the rationale for the clearance request. The requested treatment - Pre-operative clearance by Internal Medicine Specialist - Is NOT medically necessary and appropriate.

**Associated surgical service: Inpatient Hospital Stay QTY: 3: 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), Hospital length of stay.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter-hospital length of stay (LOS).

**Decision rationale:** The ODG guidelines indicate that for an anterior cervical fusion the LOS has a median value of 1 day, with a mean of 2.2 days. The request is for 3 days, which exceeds the guidelines. The requested treatment - Associated surgical service: Inpatient Hospital Stay QTY: 3 - is NOT medically necessary and appropriate.

**Associated surgical service: Cold Therapy Unit, QTY: 1: 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, 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) Spinal fusion chapter-cold packs.

**Decision rationale:** Cold packs are recommended as an option for the first few days. The request does not list the time for the request. Therefore this requested treatment - Associated surgical service: Cold Therapy Unit, QTY: 1 - is NOT medically necessary and appropriate.

**Associated surgical service: Home Health Care, QTY: 2: 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 (ODG) Spinal fusion- Home health services.

**Decision rationale:** The ODG guidelines do recommend home health services if the patient is home-bound and is in need of medical treatment. The documentation does not furnish evidence the patient should be homebound. Documentation does not provide evidence of medical; problems that would need home health services. The requested treatment - Associated surgical service: Home Health Care, QTY: 2 - is NOT medically necessary and appropriate.