

<b>Case Number:</b>	CM15-0071309		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 47 year old female, who sustained an industrial injury on February 22, 2011. She has reported neck pain and left shoulder pain. Diagnoses have included cervical spine stenosis, left cervical spine radiculopathy, major depressive disorder, and posttraumatic stress disorder. Treatment to date has included medications, acupuncture, physical therapy, trigger point therapy, chiropractic care, epidural steroid injection, psychotherapy, imaging studies, and diagnostic testing. A progress note dated February 27, 2015 indicates a chief complaint of neck pain radiating to the left shoulder. The treating physician documented a plan of care that included cervical spine discectomy and fusion with 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 and Fusion C4-C5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

**Decision rationale:** The California MTUS guidelines recommend surgical consultation if the patient is having severe persistent disabling upper extremity symptoms. The documentation does provide evidence of this. The California guidelines also recommend the presence of clear clinical, imaging and electrophysiological evidence of the presence of a lesion known to have positively responded in the short and long term from surgical repair. Documentation does provide support of such presence. While the documentation provides information about the patient's depression and psychological assessment, the presence of the compression at C4-5 supports the provider's surgical recommendation. The requested treatment: Anterior Cervical Discectomy and Fusion C4-C5 Requested Treatment is Medically necessary and appropriate.

**Assistant Surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement - Role of First Assistant.

**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-Surgical assistant.

**Decision rationale:** The ODG guidelines do recommend a surgical assistant when the operation is sufficiently complex to warrant one. An anterior cervical discectomy and fusion falls in this category. The requested treatment: Assistant Surgeon is medically necessary and appropriate.

**Observation or Inpatient Hospital Care, 2 days:** Overturned

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

**Decision rationale:** The ODG guidelines indicate the median time of hospitalization for an anterior cervical fusion is one day. The guidelines indicate the mean is 2.2 days. The requested treatment: Observation or Inpatient Hospital Care, 2 days is medically necessary and appropriate.

**Pre Operative Medical Clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, pages 38-42.

**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-preoperative testing general.

**Decision rationale:** The ODG guidelines note that preoperative investigation can be helpful to satisfy risk, direct anesthetic choices and guide postoperative management. The guidelines recommend the testing be guided by the patient's clinical history, comorbidities and physical examination findings. The documentation provides a picture of a complex patient whose preoperative medical clearance would be appropriate. The requested treatment: Pre Operative Medical Clearance is medically necessary and appropriate.