

Case Number:	CM15-0079210		
Date Assigned:	04/30/2015	Date of Injury:	08/12/2006
Decision Date:	07/07/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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 52-year-old male who sustained an industrial injury on 7/10/06, relative to a motor vehicle accident. Past medical history was positive for diabetes. Conservative treatment had included activity modification, medications, and physical therapy. The 1/5/15 cervical spine x-rays demonstrated degenerative changes with disc space narrowing at C4/5 through C6/7 and anterior osteophyte formation from C3/4 through C6/7. There was mild instability with 1.6 mm anterior subluxation of C2 on C3, C3 on C4, and C4 on C5, all reduced in extension. The 2/12/15 cervical spine MRI impression documented critical spinal stenosis from C3/4 through and including C6/7 relative to advanced degenerative disc change and posterior longitudinal ligament thickening with essentially complete loss of CSF signal and secondary indentation of the central cord without abnormal cord signal clearly appreciated on this low-field strength study. Neurosurgical consultation was indicated with the potential for multilevel decompressive surgery as a therapeutic option. The 3/17/15 neurosurgical report cited neck pain radiating to the bilateral upper extremities, worse on the left. He reported that his right arm gives out on him. Physical exam documented moderate discomfort with palpation of the mid cervical spine. He had neck pain with extension beyond 20 degrees. There was 4/5 right deltoid and biceps weakness, diminished light touch right forearm, and absent right deltoid reflex. Reflexes were +3 at both knees and toes were up-going. Imaging demonstrated critical stenosis at C4 through C6 with advanced degenerative disc disease and posterior longitudinal ligament thickening with complete loss of CSF signal and indentation of the spinal cord. The diagnosis was cervical myelopathy and radiculopathy. The injured worker had worsening symptoms and

required decompression and fusion at C4/5 and C5/6. Authorization was requested for surgical anterior cervical discectomy and fusion at C4-6, surgical assistant, Aspen vista cervical brace, external growth stimulator, and a one day length of stay. The 4/6/15 utilization review non-certified the anterior cervical discectomy and fusion at C4-6 and associated surgical requests as there was no MRI evidence of any neurocompressive lesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery anterior cervical discectomy at C4-6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have been met. This injured worker presents with worsening neck pain radiating to both upper extremity, with right upper extremity weakness. Clinical exam findings were consistent with imaging evidence of significant spinal stenosis with plausible cord compression. Evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical services: Surgery assistant: Overturned

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 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 code 63075, 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.

Associated surgical services: DME: Aspen vista cervical brace: Overturned

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) Neck and Upper Back, Cervical collar, post-operative (fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following 2-level fusion surgery. Therefore, this request is medically necessary.

Associated surgical services: External growth stimulator: Overturned

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) 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 lumbar 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. This injured worker meets the criteria to support the use of a post-operative bone growth stimulator based on multilevel fusion and diabetes mellitus. Therefore, this request is medically necessary.

Associated surgical services: One-day length of stay: Overturned

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) Neck and upper back: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day. Therefore, this request is medically necessary.