

Case Number:	CM15-0092616		
Date Assigned:	05/19/2015	Date of Injury:	05/22/2012
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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 53-year-old male, who sustained an industrial injury on 5/22/2012, while employed as a police officer. The injured worker was diagnosed as having large right paracentral disc herniation at C6-7, right sided triceps weakness, right upper extremity paresthesias, and right shoulder impingement syndrome. Treatment to date has included diagnostics, right C6-7 interlaminar epidural steroid injection on 2/12/2015, physical therapy, and medications. Magnetic resonance imaging of the cervical spine (1/02/2015) showed a 7mm right foraminal disc protrusion at C6-7, causing severe narrowing of the right lateral recess and right neural foramen, with compression of the exiting nerve root. Compared to the study in 2013, central protrusion at C3-4 was diminished, 4mm central protrusion at C6-7 was diminished, but right sided foraminal herniation was new. Electrodiagnostic study showed right C7 radiculopathy, mild bilateral carpal tunnel syndrome, and some ulnar nerve slowing of conduction across the cubital tunnel. Surgical consultation (2/03/2015) noted complaints of severe neck pain with radiation to the right side, and weakness in his triceps, along with numbness. He had physical therapy and epidural injection set up, but had profound weakness and atrophy in his right arm. Symptoms ranged in severity from 4-10/10 and were currently 5/10. The treatment plan included cervical discectomy decompression arthrodesis at C6-7, structural allograft for spine surgery, anterior instrumentation with microscope, In-patient hospital stay (1-2 days), Preoperative medical clearance, Preoperative labs to include: Complete Blood Count (CBC), Urinalysis (UA), Chem 7, Prothrombin Time (PT), Partial Thromboplastin Time (PTT), International Normalized Ratio (INR), Platelet Function Assay (PFA), and Electrocardiogram (EKG), cervical spine collar, and Acef 2gm. On 2/25/2015, he reported feeling better for 4-5 days after injection, now with return of pain. He reported no improvement with physical therapy. Currently (04/07/2015), the injured worker complains of continued pain in the right C7 distribution, along with weakness and decreased sensation. Current medications

included Naprosyn and Prilosec. Physical exam noted decreased cervical range of motion and positive Spurling's to the right. He had decreased subjective sensation in the right C7 distribution and right triceps strength was 4-/5 compared to 5/5 on the left. He also had 1+ right triceps reflex. He had mild impingement signs in the right shoulder. Again, the aforementioned surgical procedure was recommended due to failed attempts of non-surgical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical discectomy decompression arthrodesis at C6-7, structural allograft for spine surgery, anterior instrumentation with microscope: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, 181, 183.

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 cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation shows patient has atrophy of right forearm 38 cm vs 40 on the left; positive right Spurlings, weakness of right triceps compared to the left and the MRI scan of 01/02/15 shows compression of exiting nerve root at C6-7. The guidelines note the patient would have failed a trial of conservative therapy. Despite having cervical ESI patient is still symptomatic. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Cervical discectomy decompression arthrodesis at C6-7, structural allograft for spine surgery, anterior instrumentation with microscope is Medically necessary and appropriate.

In-patient hospital stay (1-2 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 (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 Chapter-Hospital Length of Stay (LOS), Cervical fusion, anterior.

Decision rationale: Since the requested treatment: Cervical discectomy decompression arthrodesis at C6-7, structural allograft for spine surgery, anterior instrumentation with microscope is Medically necessary and appropriate, then the Requested Treatment: In-patient hospital stay (1-2 days) is Medically necessary and appropriate. The ODG guidelines note that median LOS is one day and the mean is 2.2. days. The Requested Treatment: In-patient hospital stay (1-2 days) is Medically necessary and appropriate.

Preoperative medical 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, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter-Preoperative testing, general.

Decision rationale: ODG guidelines do recommend preoperative investigation to direct anesthetic choices and guide postoperative management. They note that investigation can be helpful in stratifying risk and should be guided by the patient's clinical exam and physical findings. Hospital operating room policy can also mandate preoperative clearance. The requested treatment: Preoperative medical clearance is medically necessary and appropriate.

Preoperative labs to include: Complete Blood Count (CBC), Urinalysis (UA), Chem 7, Prothrombin Time (PT), Partial Thromboplastin Time (PTT), International Normalized Ratio (INR), Platelet Function Assay (PFA), and Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Task Force on Preanesthesia Evaluation, Anesthesiology - Practice advisory for preanesthesia evaluation; Institute for Clinical Systems Improvement (ICSI), Preoperative evaluation, Bloomington (MN), page 33; ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Preoperative lab testing, preoperative testing, general.

Decision rationale: The ODG guidelines do recommend coagulation studies for patients with a history of bleeding. Documentation does not provide this history. The guidelines also recommend coagulation studies if the patient has a medical condition that would predispose the patient to bleeding. Documentation does not contain this evidence. The guidelines note that the decision to order the preoperative tests should be guided by the patient's clinical history. Documentation does not contain the rationale for ordering the tests. The requested treatment: Preoperative labs to include: Complete Blood Count (CBC), Urinalysis (UA), Chem 7, Prothrombin Time (PT), Partial Thromboplastin Time (PTT), International Normalized Ratio (INR), Platelet Function Assay (PFA), and Electrocardiogram (EKG) is NOT Medically necessary and appropriate.

Associated surgical service: Durable Medical Equipment (DME) cervical spine collar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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-collars (cervical).

Decision rationale: The ODG guidelines note that cervical collars are frequently used after surgical procedures. They note it is essential that the appropriately sized brace be selected. They note that brace should properly fit the patient. The requested treatment: Associated surgical service: Durable Medical Equipment (DME) cervical spine collar is Medically necessary and appropriate.

Ancef 2gm, unknown quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery, American Journal of Health-System Pharmacy, pages 195-283.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Chapter-Public Health considerations; Antimicrobial prophylaxis.

Decision rationale: The MTUS guidelines recommend that every attempt should be made to prescribe in such a way that will help to prevent antibiotic resistance. The guidelines note that antimicrobial prophylaxis has been controversial for decades. Documentation does not contain parameters for the prescription of Ancef. The requested treatment: Ancef 2gm, unknown quantity is NOT Medically necessary and appropriate.