

<b>Case Number:</b>	CM15-0095410		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 64-year-old female who sustained an industrial injury on 8/19/09. Injury occurred when she reached up on a bottling line to pull a glass bottle blocking the flow with immediate onset of neck and right upper extremity pain. Past surgical history was positive for right carpal tunnel release, right shoulder arthroscopic surgery in December 2011, and anterior cervical fusion at C5/6 in 2013. The 9/3/14 cervical spine CT myelogram impression documented status post status post anterior cervical fusion at C5/6, spondylosis at C3/4 with osteophyte complex resulting in moderate central canal narrowing, and multilevel facet arthrosis resulting in significant foraminal narrowing at C3/4 and C4/5. There was robust right sided uncovertebral spurring noted at C6/7 with mild posterior disc osteophyte complex and moderate bilateral neuroforaminal stenosis. The C7/T1 level was noted as negative. The 3/5/15 neurosurgical consult cited neck pain radiating down the right arm with tingling paresthesias in the ulnar 3 digits of the right hand. She had failed extensive conservative therapy, including physical therapy and a number of injections. Physical exam documented mild loss of cervical range of motion and tenderness at the base of the cervical spine. Neurologic exam was within normal limits. The impression included a right C7 radiculopathy but the injured worker was a poor historian and additional records and imaging were not available for review. The 3/17/15 pain management report cited on-going right sided neck and upper extremity pain. Physical exam documented loss of cervical range of motion with significant bilateral trapezius spasms. Neurologic exam documented decreased sensation in the right C5 nerve distribution and bilateral C7 nerve distribution, and decreased right grip strength. Current medications included ibuprofen,

omeprazole, gabapentin, cyclobenzaprine, tramadol, and trazodone, with continued significant pain. Surgical opinion was pending. The 4/20/15 neurosurgical report documented review of the 9/3/14 cervical spine CT myelogram films. There was a mature fusion at C5/6 with anterior plate. At C6/7, there was osteophyte formation anteriorly and posteriorly with some encroachment upon the spinal canal and exit foramen. There was obvious spondylolisthesis at C6/7, with findings much worse than C6/7. The impression indicated that symptoms could localize to either the C5/6 or C6/7 level. Given the failure of conservative treatment, surgery was indicated. Authorization was requested for anterior cervical discectomy and fusion at C6/7 and C7/T1 with cadaver bone graft and plating, surgical assist, and one day hospital stay. The 5/6/15 utilization review non-certified the anterior cervical discectomy and fusion at C6/7 and C7/T1 with cadaver bone graft and plating and associated surgical requests as the provided imaging did not correlate with the treating physician's opinion that this injured worker had pathology for which surgery would be medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ACDF C6-C7, C7-T1 cadaver bone graft and plating:** 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; Plate fixation, cervical spine surgery.

**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. The ODG indicates that plate fixation is under study in single-level and multilevel procedures, with most studies (although generally non-randomized) encouraging use in the latter. Guideline criteria have been met. This injured worker presents with persistent neck pain radiating to the right arm consistent with C7 radiculopathy. Clinical exam findings are consistent with reported imaging evidence of plausible C5 and C7 nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Surgical assist:** Overturned

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

**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 codes 22551 and 22845, there is a "2" in the assistant surgeon column for each code. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**1 day hospital stay:** Overturned

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

**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. Guideline criteria have been met for 1 day inpatient length of stay. Therefore, this request is medically necessary.