

Case Number:	CM13-0015949		
Date Assigned:	06/06/2014	Date of Injury:	08/01/2007
Decision Date:	04/07/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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: California

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 46 year old female, who sustained an industrial injury on 8/1/07. She has reported neck and back pain that radiates to the bilateral upper extremities. The diagnoses have included cervical disc herniation at C3-C7 and lumbar stenosis. Treatment to date has included cervical and lumbar MRI, physical therapy, epidural injection of the cervical spine and oral medications. As of the PR2 dated 7/9/13, the injured worker reports constant 9/10 pain in the neck that radiates to the head. Positive Hoffman's sign is noted bilaterally, weakness in deltoids, biceps, triceps and wrist extensors graded as 4/5. Patient status post cervical epidurals at C6-7 bilaterally on 4/16/13. MRI cervical spine on 3/19/13 demonstrates moderate canal stenosis at C4/5, C3/4, C5/6 and C6/7. The treating physician requested an inpatient anterior cervical discectomy C3-C7, an assistant surgeon and a 3 day length of stay. On 7/31/13 Utilization Review non-certified a request for an inpatient anterior cervical discectomy C3-C7, an assistant surgeon and a 3 day length of stay. The utilization review physician cited the MTUS and ODG guidelines. On 8/23/13, the injured worker submitted an application for IMR for review of an inpatient anterior cervical discectomy C3-C7, an assistant surgeon and a 3 day length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Anterior Cervical Discectomy (at the level of C3-C7): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is recommended for radiating pain with evidence of nerve root compromise. There is evidence of correlating nerve root compromise and weakness from the exam of 7/9/13. The patient has significant weakness correlating with the MRI of 3/19/13 with upper motor neuron findings. The patient has failed cervical epidurals. Therefore the patient does meet accepted guidelines for the procedure and the request is certified.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Comp, 18th Edition, 2013, Neck and Upper Back Chapter; and on the Assistant Surgeon Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons (<http://www.aaos.org/about/papers/position/1120.asp>).

Decision rationale: CA MTUS/ACOEM/ODG are silent on the issue of assistant surgeon. According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. There is an indication for an assistant surgeon for a multilevel cervical fusion. The guidelines state that the more complex or risky the operation, the more highly trained the first assistant should be. In this case the decision for an assistant surgeon is medically necessary and is therefore certified.

Inpatient Stay (3-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Comp, 18th Edition, 2013, Neck and Upper Back Chapter; and on the Milliman Care Guidelines, Inpatient and Surgical Care, 16th Edition.

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: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a cervical fusion. According to the ODG, Neck section, Hospital length of stay, a 1 day inpatient stay is recommended following an anterior cervical fusion. As a request is for 3 days the determination is for non-certification as it is not medically necessary and appropriate.