MAXIMUS Federal Services

| Case Number: | CM13-0008491 | | |
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| Date Assigned: | 08/21/2013 | Date of Injury: | 09/12/2001 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 07/24/2013 |
| Priority: | Standard | Application Received: | 08/08/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 63-year-old female who reported injury on 09/12/2001. The mechanism of injury was not provided. The patient's diagnoses are status post multiple lumbar fusions, chronic neck pain, post pulmonary blood clots, loss of bowel and bladder since last surgery, and pseudo L2-3. The patient had an MRI of the cervical spine on 04/29/2013, which revealed (1) disc desiccation from C2-3 down to C7-T1 with associated loss of disc height at C6-7, Modic type I endplate degenerative changes at C6-7; (2) at C5-6, there was minimal spinal canal stenosis, there was disc herniation measuring 1.3 mm posteriorly with mild bilateral uncovertebral joint degenerative changes which causes bilateral neural foraminal stenosis and spinal canal stenosis; (3) at C6-7, there was disc herniation measuring 2.6 mm posteriorly and moderate bilateral uncovertebral joint degenerative changes causing moderate bilateral neural foraminal stenosis and moderate spinal canal stenosis; (4) at the level of C4-5, the spinal canal and neural foramina were patent and the exiting nerve root was normal. The most recent physical examination revealed the patient had chief complaints of low back pain, leg pain, and neck pain. The patient indicated she was sitting on the toilet and turned and felt a shift in her neck and then blacked out. The patient was noted to fall forward and hit her face on the floor, and indicated the pain in the neck was unbearable and she could not live with the pain. The physical examination of the cervical spine revealed the patient had spasms with a decreased range of motion. The patient had motor weakness of 4/5 at C5-7. Radiculopathy was present at C5-7, sensation was decreased bilaterally at C5-7, and reflexes were 1+ in the bilateral upper extremities. The examination of the lumbar spine revealed the patient had spasms and a decreased range of motion with a positive LasÃ¨gue's sign bilaterally. The straight leg raise was positive at 45 degrees bilaterally and the patient had motor weakness 4/5 bilaterally. The patient's sensation was decreased at L4-S1 bilaterally and the patient had pain at L4-S1

bilaterally. The recommendations were to continue pool therapy for cervical and lumbar spine with a lifetime access to a gym for pool therapy/swimming, continue current medications including Norco 1 to 2 three times a day, Lexapro, Lyrica, and Nucynta 200 mg 1 twice a day, follow-up in 6 weeks to 8 weeks, in home care 2 times a day chronically, and an ACDF at C5-7.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy fusion graft:** Upheld

**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 & Upper Back Chapter, Fusion

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation is appropriate for patients with persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month or extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term, and unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to include the original request. There was a lack of documentation indicating the employee had subjective signs of or symptoms of radiculopathy. The employee was noted to have radiculopathy at C5-7 with a decreased sensation bilaterally at C5-7 and decreased reflexes, as well as motor weakness. There was a lack of documentation of subjective radicular findings, and no documentation the employee had failed 6 weeks to 8 weeks of additional conservative treatment. According to the MRI, the employee had minimal spinal canal stenosis and mild neural foraminal stenosis at the level of C5-6 and moderate spinal canal stenosis at C6-7, which would support the level of C6-C7. According to the physician documentation, the request was for an ACDF at C5-7. However, the request as submitted was for an anterior cervical discectomy fusion graft without documentation of level. Given the above, the request for anterior cervical discectomy fusion graft is not medically necessary.

**Neuromonitoring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Instrumentation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**One (1) day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op home health evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lumbar back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the employee had a back brace in 2011. There was a lack of documentation indicating the necessity for a new brace, as well as documentation of lumbar instability and exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for lumbar back brace is not medically necessary.

**Nucynta 200 mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, On-Going Management Page(s): 60, 78.

**Decision rationale:** The MTUS Guidelines indicate that opioids are appropriate treatment for chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, evidence that the patient is being monitored for aberrant drug behavior, and documentation of side effects. The clinical documentation submitted for review indicated that the employee had been on the medication since the earlier documentation submitted of 2012. There was a lack of documentation of the above criteria, including objective increase in function and objective decrease in the VAS score to support ongoing therapy. Given the above, the request for Nucynta 200mg #60 is not medically necessary.