

<b>Case Number:</b>	CM13-0024399		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/25/2011
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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:

This claimant is a 47-year-old male with a reported date of injury of 06/25/2011. The mechanism of injury was described as a motor vehicle accident. Initial MRI found degenerative disc disease at C5-6 and mild right neural foraminal narrowing at C6-7. He underwent conservative care and then underwent surgery on 03/13/2013 for an anterior cervical discectomy and fusion at C5-6 and C6-7. He has undergone comprehensive psychiatric evaluation and recommended psychotropic medications plus therapy. CT of the cervical spine revealed at C5-6, there was a mild central posterior osteophyte with slight effacement of the adjacent anterior thecal sac and the neural foramen were very slightly asymmetrical with the right side appearing narrowed as compared to the left. The C6-7 interspace had osteophyte complex with slight effacement of the anterior thecal sac and there was very slightly asymmetry of the neural foramen with the right side appearing slightly narrowed. He was seen again in August, at which time he continued to complain of neck pain and bilateral shoulder discomfort, worse on the right than on the left. CT of the cervical spine was reported to show postoperative changes at both C5-6 and C6-7, and reported no obvious robust signs of fusion at those levels. Diagnoses include cervical pseudarthrosis, status post cervical fusion, and failed neck syndrome. Plan was for a 2 level cervical fusion at C5-6 and C6-7 with an aspen vista cervical brace and external bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6, C6-7 anterior cervical discectomy fusion with instrumentation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

**Decision rationale:** The California MTUS/ACOEM Guidelines, Chapter 8, states, "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; Unresolved radicular symptoms after receiving conservative treatment." The MTUS/ACOEM Guidelines, Chapter 8, also states, "Pre-surgical screening should include consideration of psychological evaluation." The records indicate this claimant has undergone psychological evaluation and was recommended for psychotropic medications as well as therapy. Records do not indicate he has been cleared from a psychological perspective at this time for this proposed surgery. Additionally, while the provider indicates that there is apparent pseudarthrosis, CT scan does not demonstrate that. There is no indication from the CT scan that there is a pseudarthrosis for which this surgery would be reasonable. Therefore, lacking documentation of clearance by his psychiatrist, and lacking documentation of a pseudarthrosis at the C5-6 and C6-7 levels, this request is not supported. Additionally, the most recent clinical exam was on 08/22/2013. That exam revealed his physical examination was unchanged but did not demonstrate any significant neurological deficits at that time. His current status remains unstated as there are no further examinations from that date going forward. Therefore, this request is non-certified.

**An aspen vista cervical brace:** 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The California MTUS/ACOEM Guidelines, Chapter 8, states, "Cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities." The records do not indicate this claimant is in the initial stages of his treatment and the surgery itself has not been considered reasonable and necessary. The records do not indicate at this time that he has inability to the cervical spine for which this brace would be supported. Therefore, this request is non-certified.

**External bone growth stimulator:** 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 ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address. The Official Disability Guidelines (ODG) states, "Under study" and refers the reviewer to ODG low back chapter for further information, which states, "Criteria for use for invasive or non-invasive electrical bone growth stimulators: Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. " The records do not indicate this patient has a pseudarthrosis at either C5-6 or C6-7 levels. The records do not indicate he has been cleared from a psychological perspective for this proposed surgery. The records do not indicate he has significant risk factors as recommended by guidelines. Therefore, this request is non-certified.