

<b>Case Number:</b>	CM13-0027293		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Orthopedic 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 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/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 claimant is a 51-year-old female who was injured in a work related accident on January 24, 2011, sustaining an injury to the neck. The current clinical records available for review include a January 13, 2014 progress report indicating ongoing complaints of pain about the neck. There is radiating pain to the bilateral shoulders and hands. The claimant is noted to be with "vocal change". Physical examination was "deferred". The claimant was diagnosed with multilevel cervical stenosis and weakness. Cervical intervention in the form of multilevel decompression and fusion was recommended from C5 through T1. The claimant was also recommended an ENT consultation as well as a speech therapy consultation for her ongoing vocal complaints. It states that these were initially authorized but the claimant was unable to follow through with them and extension to the authorization was recommended. In regards to the claimant's neck, it states that she has failed conservative measures including activity restrictions, medication usage, home exercises and physical therapy for which surgical process is now being recommended. Previous physical examination of December 9, 2013 showed restricted range of motion with absent biceps and brachioradialis reflex on the left and 5/5 motor strength about all major muscle groups of the upper and lower extremities. Previous imaging includes a CT scan of the cervical spine showing evidence of prior C5-6 and C6-7 anterior fusion with hardware. There is noted to be moderate stenotic changes at C6-7, C3-4 and C7-T1. It is unclear as to when the claimant's prior surgical process has taken place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTERIOR FORAMINOTOMIES C5-6, C6-7, C7-1 WITH POSTERIOR FUSION C5-T1, 2 DAY INPATIENT LENGTH OF STAY, ASSISTANT SURGEON, PRE-OPERATIVE MEDICAL CLEARANCE, WITH CHEST X-RAY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Procedure, Fusion, Anterior Cervical.

**Decision rationale:** California ACOEM Guidelines supported by Official Disability Guideline criteria would not support the role of multilevel fusion process. The claimant is status post prior two level C5 through C7 anterior cervical discectomy and fusion. At present, there is nothing to indicate the acute need of further fusion process from C5 through T1 with no documentation of pseudoarthrosis with current neural compressive pathology noted. The requested level of surgical process also does not clinically correlate with the claimant's current physical examination findings which are absent of weakness. The need for the surgical process to include inpatient length of stay, assistant surgeon, and preoperative assessment would thus not be indicated.

**POST OPERATIVE PHYSICAL THERAPY 3 X WEEK FOR 6 WEEKS: 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.

**DME: HARD CERVICAL COLLAR, SOFT CERVICAL COLLAR: 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.

**BONE GROWTH STIMULATOR: 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.

**SPEECH THERAPY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Medi-Cal.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, speech therapy consultation is supported. The claimant is noted to be with vocal change for which previous speech therapy was recommended but not obtained. Per California ACOEM "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." The need for this consultation would appear medically necessary.

**FOLLOW UP WITH EAR NOSE AND THROAT PROVIDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127

**Decision rationale:** California ACOEM Guidelines would also support the role of ENT referral given the claimant's current clinical presentation. Per California ACOEM "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." This request had previously been authorized but was unable to be obtained by the claimant in a timely fashion.