

<b>Case Number:</b>	CM13-0030404		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 22, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; electrodiagnostic testing of December 13, 2012 notable for multilevel C5, C6, and C7 cervical radiculopathies with superimposed cubital tunnel syndrome and right-sided carpal tunnel syndrome; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a medical-legal evaluation of July 31, 2013, the medical-legal evaluator states that he believes that the applicant is a candidate for a multilevel cervical discectomy and fusion surgery. In a Utilization Review Report of September 23, 2013, the claims administrator denied a request for an anterior cervical discectomy and fusion surgery, denied a presurgical clearance, denied a cervical collar, and approved flexion and extension lateral views of the cervical spine. The applicant's attorney appealed the denial. An April 4, 2013 clinical progress note is notable for comments that the applicant reports persistent neck pain radiating to the bilateral arms. A 4/5 upper extremity strength is appreciated on manual muscle testing. The applicant has had MRI (magnetic resonance imaging) of the cervical spine demonstrating disk osteophyte complexes, multilevel, at C4-C5, C5-C6 and C6-C7, which is generally associated with neural foraminal narrowing and central canal stenosis. The applicant has reportedly failed conservative treatment including physical therapy, anti-inflammatory treatment, and chiropractic care, it is stated. In an August 6, 2013 progress note, it is noted that the applicant is again off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Cervical Discectomy and Fusion (ACDF) C5-C6, C6-C7 inpatient two to three days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. 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): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter, Hospital Length of Stay topic.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, indications for surgical intervention include evidence of failed conservative treatment in individuals with a history, exam, and imaging findings consistent for a specific lesion causing the applicant's symptoms or complaints. In this case, the applicant does have longstanding complaints of neck pain radiating to the arms with associated upper extremity weakness appreciated on exam. MRI (magnetic resonance imaging) is notable for multilevel degenerative disk disease with associated multilevel neural foraminal stenosis and spinal canal stenosis. Despite what was suggested by the previous utilization reviewer, the imaging findings do appear to corroborate with the applicant's symptomatology. While the MRI findings are not strongly positive, as suggested by the claims administrator, they are corroborated by positive electrodiagnostic testing of December 2012, which did also establish the presence of multilevel C5-C7 cervical radiculopathy. The applicant has, as suggested by ACOEM, tried, failed and exhausted conservative measures including time, medications, manipulation, physical therapy, etc. He is off of work, on total temporary disability. Given the failure of conservative treatment, the positive electrodiagnostic testing, the upper extremity weakness on exam and the weakly positive MRI findings, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review. Since the anterior cervical discectomy and fusion surgery has been certified, the associated hospital stay is also certified. The MTUS does not address the topic of hospital length of stay. As noted in the ODG, neck and upper back chapter, the best practice target following anterior cervical fusion hospitalization duration is one day, with an actual experience demonstrating a mean stay of 2.2 days. Thus, the two- to three-day stay being sought by the attending provider is essentially in line with ODG recommendations. Accordingly, the associated inpatient hospitalization of two to three days is likewise certified.

**Pre-surgical clearance:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape

**Decision rationale:** The MTUS does not address the topic of preoperative evaluations. However, as noted by Medscape, the additional time invested in a preoperative evaluation yields an improved physician-patient relationship and often reduces postsurgical complications. Since the surgery in question has been approved, the associated preoperative evaluation is likewise approved, based on Medscape recommendations.

**Cervical Collar-soft:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8 Table 8-5 does support the usage of collars or braces for stabilization purposes in individuals with central cord compression who are pending emergent surgery, the ACOEM does not support usage of collars in other contexts, as noted on page 175 of the ACOEM Practice Guidelines. Postoperative usage of collars is not recommended as prolonged usage of the same will result and contribute to debilitation. Therefore, the request is not certified.