

<b>Case Number:</b>	CM13-0039953		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/13/2002
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Pennsylvania. 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:

This is a 62-year-old female who sustained an injury to her neck, low back, and upper extremities in a work-related accident on 3/13/12. Recent clinical imaging included a June 2013 MRI report of the cervical spine documenting evidence of C4-5 disc osteophyte complex resulting in bilateral stenotic findings and a C5-6 disc osteophyte complex resulting in severe left neural foraminal narrowing and moderate right neural foraminal narrowing. At C6-7 level there is a disc osteophyte complex with neural foraminal findings. The most recent clinical assessment dated 9/3/13 documented continued complaints of neck pain with radiating pain to the biceps, right greater than left. Examination showed gross hyperreflexic changes of the upper extremities with a sustained clonus throughout the quadriceps bilaterally. There was sensory loss of the right greater than left forearm, thumb, and index finger with 4/5 weakness to the left biceps, triceps, and deltoid. Review of an electrodiagnostic test performed on 8/4/13 showed no evidence of cervical or brachial radiculopathy. Treatment has included medications, therapy, and a TENS unit. At present, there is a request for a three-level anterior cervical discectomy and fusion with instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-5, C5-6, C6-7 Anterior Cervical Fusion with Instrumentation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Neck and Upper

Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) and Official Disability Guidelines (ODG), Neck and Upper Back, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) and Official Disability Guidelines (ODG), Neck procedure.

**Decision rationale:** MTUS ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a three-level cervical fusion cannot be recommended as medically necessary. The ODG Guidelines do not recommend the role of surgical process without clear documentation of physical examination findings correlating with imaging and/or electrodiagnostic testing. In accordance with the ACOEM Guidelines, there is no clear evidence of radicular compressive processes at the three levels on imaging as the recent electrodiagnostic studies of the upper extremities bilaterally are noted to be normal. The specific request for the role of the surgical process as outlined would, thus, not be indicated based upon review of the medical records provided.

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**Decision rationale:** The three level cervical fusions cannot be recommended as medically necessary; therefore, the request for a bone growth stimulator would also not be indicated.

**Hard cervical collar:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Procedure.

**Decision rationale:** The three level cervical fusions cannot be recommended as medically necessary; therefore, the request for a hard cervical collar would also not be indicated.

**VascuTherm DVT prevention unit with wrap 14 day rental:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm/Wrist/Hand Procedure.

**Decision rationale:** The three level cervical fusions cannot be recommended as medically necessary; therefore, the request for a deep vein thrombosis device in this case for a fourteen day rental would not be indicated.