

<b>Case Number:</b>	CM13-0049870		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology 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 patient is a 65 year old female who sustained an injury on 08/05/08. No specific mechanism of injury was noted. The patient was followed for complaints of numbness and pain in the upper extremities. The patient also had reported complaints of pain in the cervical spine radiating to the right upper extremity. The patient had persistent numbness over the thumb, index, and middle finger of the right hand. Pain medications did include Norco utilized twice daily. No imaging or electrodiagnostic studies were available for review. The patient was being followed by [REDACTED] who reported a positive Spurling's sign without evidence of motor weakness in the upper extremities. No sensory loss or reflex changes were identified. MRI studies were reported to show disc herniations at multiple levels from C3 to C7 with collapse of the disc spaces from C4 to C7 and contributing to foraminal stenosis. No further updated evaluations by [REDACTED] were available for review. The requested C4 to C7 anterior cervical discectomy and fusion was non-certified by utilization review as there was insufficient documentation regarding treatment or evidence consistent with cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SPINE SURGERY:** Upheld

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

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

**Decision rationale:** The clinical documentation provided for review would not meet the pertinent current evidence based guidelines regarding the use of cervical fusion to address pathology or prescriptions for Norco. In regards to the requested cervical fusion, there are no imaging studies available for review identifying evidence of disc pathology contributing to neurological compromise or any evidence of instability. The patient's recent conservative treatment has not been discussed and there are no updated evaluations since September of 2013 regarding this request. Given the absence of any objective clinical evidence to support a 3 level cervical fusion, the medical necessity cannot be established.

**NORCO 10/325MG #180 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone) Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

**Decision rationale:** In regards to the request for ongoing use of Norco with 2 refills, this request is not supported as medically necessary. There are no updated pain management evaluations for this patient identifying any benefit obtained with the use of Norco that would support its ongoing use. Without updated clinical information to establish the benefits obtained with medications including Norco as well as documentation regarding compliance, medical necessity cannot be established.