

<b>Case Number:</b>	CM13-0053057		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 40-year-old female who injured the cervical spine in a work related accident on February 9, 2011. The clinical records provided for review included an orthopedic reassessment on October 22, 2013 by [REDACTED] noting ongoing cervical and lumbar complaints. Specific to the claimant's cervical spine, physical examination noted tenderness to palpation, restricted range of motion at end points and a neurologic examination showing sensory deficit to the bilateral C6 and C7 dermatomal distribution with a positive Spurling's testing. It was documented that the claimant had failed conservative measures. A report of an MRI of the cervical spine dated January 23, 2013 showed at the C6-7 a central to right paracentral disc protrusion with patent neural foramina. There was no indication of compressive pathology noted otherwise. Based on failed conservative care, a recommendation was made for an anterior cervical discectomy and fusion at the C6-7 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **C6-7 ANTERIOR CERVICAL DECOMPRESSION: 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), Indications for Surgery, Discectomy/Laminectomy (excluding fractures) <http://www.odg-twc.com/odgtwc/neck.htm>.

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

**Decision rationale:** Based on California ACOEM Guidelines the proposed cervical decompression cannot be recommended as medically necessary. The records provided for review in this case demonstrate patent findings at the C6-7 level on imaging with no documentation of results from electrodiagnostic studies. While the claimant continues to be symptomatic, the clinical correlation between the requested level of surgery, imaging and physical examination would not support the above-mentioned procedure.

**FUSION WITH INSTRUMENTATION:** 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), Indications for Surgery, Discectomy/Laminectomy (excluding fractures) <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck procedure - Fusion, anterior cervical.

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official disability Guidelines, the proposed fusion with instrumentation also cannot be recommended as medically necessary. The Guideline criteria would not support the role of fusion procedure except in clear clinical setting of radicular process that would correlate with the claimant's imaging or electrophysiological studies. Records in this case demonstrate patent findings at the C6-7 level on imaging with no documentation of electrodiagnostic studies for review. While the claimant continues to be symptomatic, the clinical correlation between the requested level of surgery, imaging and physical examination would not support the above-mentioned procedure.

**PRE-OPERATIVE CLEARANCE:** 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), <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary. Independent Medical Examinations and Consultations, page 127.

**ASSISTANT SURGEON:** 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), <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon: Assistant Surgeon Guidelines (Codes 21742 to 22849).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**NECK 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), <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Cervical collar, post-operative (fusion).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POST-OPERATIVE THERAPY (X12):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**COLD THERAPY UNIT:** 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), <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Continuous-flow cryotherapy.

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**HOSPITAL STAY (FOR 1-3 DAYS):** 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), <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical: Hospital Length of Stay.

**Decision rationale:** The proposed cervical decompression and fusion cannot be recommended as medically necessary. Therefore, the inpatient hospital length of stay would not be indicated.

**INTRA OPERATIVE MONITORING:** 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), <http://www.odg-twc.com/odgtwc/neck.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Intraoperative neurophysiological monitoring (during surgery).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.