

<b>Case Number:</b>	CM13-0053214		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2013

### 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 Orthopedic Surgery, has a subspecialty in Fellowship Trained in Spine 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 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 patient is a 50 year old female who reported injury on 03/05/2010. The mechanism of injury was noted to be cumulative trauma. The patient was noted to have an ACDF on 03/09/2010. The levels were noted to be at C5-6. The patient was noted to have an MRI of the cervical spine on 06/06/2013 which revealed at C3-4, there was a central 2 mm posterior disc protrusion with encroachment on the subarachnoid space. At C4-5, there was a 3 mm to 4 mm anterior disc protrusion with a 2 mm central posterior disc protrusion with encroachment on the subarachnoid space. At C5-6, there was encroachment on the left foramen with compromise of the exiting left nerve root as it entered the foramen that may be contributed to by osteophyte formation on the left uncovertebral joint of Luschka. At C6-7, there was a 2 mm posterior disc bulge with encroachment on the subarachnoid space but not the foramina. There was noted to be no compromise on the cord. The patient was noted to complain of persistent symptomatology in the cervical spine including chronic headaches and tension between the shoulder blades and migraines for a prolonged period of time. The patient's symptomatology was note to significantly affect the quality of life, activities of daily living and mental status. The patient was noted to be working full time without limitations although it was with great difficulty. The patient was noted to have continued complaints of dysphasia. The physical examination revealed the patient had paravertebral muscle spasm. The patient had a positive axial loading compression test. The patient was noted to have generalized weakness and numbness and radicular pain components in the bilateral shoulders, arms and hands with the left side more pronounced than the right. There was noted to be some component of carpal tunnel as in a positive palmar compression test subsequent to Phalen's maneuver. The diagnoses were noted to be status post C5-6 anterior cervical disc fusion (ACDF), severe cervical junctional kyphosis

with residual deformity/junctional level pathology. Per the treatment plan, the patient was noted to need surgical intervention not only for a full decompression and stabilization but also a realignment procedure. Additionally, it was indicated the physician opined they would like to limit fusion to as few segments as possible and possibly provide the patient with a single dynamic intervertebral implant if deemed necessary intraoperatively. The request was made for a C5-6 removal of cervical spine hardware with inspection of the fusion mass and possible regrafting along with C3-4, C4-5, C6-7 anterior cervical discectomy with implantation of hardware and realignment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**C5-C6 Removal of Cervical Spine Hardware with Inspection of the Fusion Mass and Possible Regrafting along with C3-4, C4-5, C6-7 anterior Cervical Discectomy with Implantation of Hardware and Realignment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** ACOEM Guidelines recommend surgical intervention for patients with persistent, severe, and disabling shoulder or arm symptoms and activity limitation or extreme progression of symptoms as well as clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair as well as unresolved radicular symptoms after receiving conservative treatment and it indicates a cervical nerve root decompression may be accomplished with a cervical laminectomy and disc excision with nerve root decompression. However, specific criteria were not provided. As such, secondary guidelines were sought. Official Disability Guidelines recommend indications for surgery include the patient must have evidence of radicular pain and severe symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. Additionally, there should be evidence of a motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, the patient should have an abnormal imaging study to show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory, motor, reflex, or EMG changes, confirmatory selective nerve root blocks may be submitted if these block correlate with the imaging study and there must be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. Official Disability Guidelines recommend an anterior cervical fusion as an option in combination with anterior cervical discectomy. The clinical documentation submitted for review failed to indicate the patient had subjective complaint of pain, numbness and tingling. There was a lack of documentation of myotomal or dermatomal findings. Additionally, per the MRI, there was a lack of documentation indicating moderate or greater central canal stenosis, lateral recess stenosis or neural foraminal stenosis at the level of C3-4, C4-5, and C6-7. There was noted to be an osteophyte formation that may contribute to encroachment on the left foramen compromise of

the exiting left nerve root as it entered the foramen at the level of C5-6. Given the above, the request for C5-6 removal of cervical spine hardware with inspection of the fusion mass and possible regrafting along with C3-4, C4-5, C6-7 anterior cervical discectomy with implantation of hardware and realignment is not medically necessary.

**"Associated surgical service" Inpatient stay; two to three (2-3) days: Upheld**

**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 Official Disability Guidelines (ODG)

**Decision rationale:** Official Disability Guidelines indicate the length of hospital stay for a discectomy and cervical fusion anterior is 1 day. As the request for the surgery was not medically necessary, the request for the inpatient stay is not medically necessary.

**"Associated surgical service" Co-Surgeon for the Above Surgery: Upheld**

**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 on 2011 Surgeons as Assistants at Surgery.

**Decision rationale:** Per 2011 Surgeons as Assistants at Surgery, a co-surgeon is always recommended for an ACDF. However, as the surgery was not supported, the request for the co-surgeon is not medically necessary.

**"Associated surgical service" Minerva Mini Collar #1: Upheld**

**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 Official Disability Guidelines (ODG),

**Decision rationale:** Official Disability Guidelines indicate that a cervical collar is not recommended after a single level anterior fusion with plate. However, the request was noted to be for 3 levels and would be supported if the surgery was supported. As the requested surgery was not supported, the request for a Minerva mini collar #1 is not medically necessary.

**"Associated surgical service" Miami J Collar with Thoracic Extensions #1: Upheld**

**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 Official Disability Guidelines (ODG).

**Decision rationale:** Official Disability Guidelines indicate that a cervical collar is not recommended after a single level anterior fusion with plate. However, the request was noted to be for 3 levels and would be supported if the surgery was supported. As the requested surgery was not supported, the request for a Miami J collar with thoracic extension #1 is not medically necessary.

**"Associated surgical service" Bone Stimulator: Upheld**

**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 Official Disability Guidelines (ODG).

**Decision rationale:** Official Disability Guidelines indicate that the criteria for the use of a bone growth stimulator include it may be considered medically necessary as an adjunct to a spinal fusion surgery for patients with a fusion to be performed at more than 1 level. As the request was noted to be for 3 levels, the bone stimulator would be medically necessary; however, as the surgery was not medically necessary, the request for the bone stimulator is not medically necessary.

**"Associated surgical service" Medical Clearance by Internist: Upheld**

**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  
<http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>

**Decision rationale:** Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation failed to support the requested surgery. As such, the request for a medical clearance by an internist is not medically necessary.