

<b>Case Number:</b>	CM13-0066664		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/15/2010
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 patient is a 58-year-old male who was injured on 04/05/2011 while he was cleaning up, moving heavy furniture. He went home after work. He was not in a lot of pain; however, by the next morning he could not get out of bed because of his significant pain and discomfort. Prior treatment history has included Hydrocodone and hydromorphone, Norco, and Neurontin. Diagnostic studies reviewed include MRI of the cervical spine without contrast dated 08/15/2013 demonstrated: At C6-C7: a right subarticular disk osteophyte complex with a probable disk protrusion and annular fissure, component mild to moderately narrows the canal with mild flattening of the right ventral cord. There is no evidence of vasogenic edema or myelomalacia of the cord. At C7-T1: a tiny right paracentral disk protrusion with annular fissure does not compromise the central canal A tiny posterior annular fissure is suspected at C5-C6 Multilevel mild foraminal narrowing as described above X-rays of the cervical spine dated 11/06/2013 demonstrated dynamic flexion and extension views, and show a normal cervical lordosis. There is no sign of spondylosis or instability. Orthopedic Consultation dated 11/06/2013 states the patient has pain in his neck radiating to his upper extremities. Objective findings on exam revealed cervical paraspinals are tender to palpation. There is guarding and spasm. He is able to flex to a point where his chin is within two fingerbreadths of his chest. Range of motion exhibits extension to 40 degrees; rotation to 50 degrees to the left and 40 degrees to the right; Spurling's maneuver is positive on the right and negative on the left. There are sensory changes in the right-sided C6 and C7 dermatomes. Reflexes are 1-2+ and symmetrical at the biceps, triceps, brachioradialis, patellar and Achilles regions. There are no pathological reflexes. There is no weakness or atrophy involving the upper extremities. The patient is diagnosed with right-sided C6-7 disc herniation with radiculopathy, resistant to non-surgical treatment. There is evidence of industrial causation. He was injured on a continuous trauma basis. Given the failure with non-

surgical treatment to improve his condition, it is recommended surgically him. It is recommended that he has an anterior cervical discectomy and fusion to be performed at C6-C7. We are formally requesting authorization for anterior cervical discectomy and fusion to be performed at C6-7.

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

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

#### **1 ANTERIOR CERVICAL DISCECTOMY AND FUSION TO BE PERFORMED AT C6-7: 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, surgical consideration of the cervical spine is recommended when there is, "severe spinovertebral pathology, severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. According to ODG, anterior cervical fusion in combination with anterior cervical discectomy is recommended if there is no improvement on conservative therapy and there is evidence of instability. The medical records document the patient had complained of neck pain that radiated to the upper extremities. The examinee had physical therapy program but there is no documentation that since 2011 the patient had tried and failed a course of physical therapy. There is cervical MRI that showed right-sided disc herniation at C6-7 narrowing neural canal lateral recess and neural foramen. However, the cervical radiographs showed normal cervical lordosis and no sign of spondylosis or instability. On physical examination, there was tenderness to palpation decrease ROM, sensory change of right C6 and C7 dermatomes with reflexes 1-2+ of bilateral extremity, and no weakness or atrophy in the upper extremities. As such, in the absence of documented prior trial of recent conservative treatment and absence of cervical spine instability, the request for anterior cervical discectomy and fusion to be performed at C6-7 is not medically necessary.

#### **1 PRE-OPERATIVE CLEARANCE WITH SPECIALIST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 Edition, pages 92-93.

**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, Preoperative Testing, General.

**Decision rationale:** The CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to ODG, preoperative testing is "recommended before surgical procedures as these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity." However, since the associated request for cervical spine surgery is non medically necessary, the request for pre-op clearance with specialist is not considered medically appropriate at this time.

## **12 POST-OPERATIVE THERAPY SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** As per CA MTUS postsurgical treatment guidelines, postop physical therapy for cervical fusion is recommended for the total number of 24 visits over 16 weeks. However, since the associated request for cervical spine surgery is non certified, the request for 12 sessions of postop physical therapy is not considered medically appropriate at this time.

## **1 PHILADELPHIA 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, Collars (Cervical).

**Decision rationale:** The CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to ODG, Collars (cervical) is recommended for the neck sprains, it is frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. However, since the associated request for cervical spine surgery is not medically necessary, the request for 1 Philadelphia collar is not considered medically appropriate at this time.

## **1 ASPEN 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, Collars (Cervical).

**Decision rationale:** The CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to ODG, Collars (cervical) is recommended for the neck sprains, it is frequently used after surgical procedures and in the emergent setting following suspected trauma to the neck, where it is essential that an appropriately sized brace be selected that properly fits the patient. However, since the associated request for cervical spine surgery is not medically necessary, the request for 1 Aspen collar is not considered medically appropriate at this time.

**1 SURGI-STIM UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, POST OPERATIVE PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Page(s): 116-117.

**Decision rationale:** According to the CA MTUS guidelines, TENS, post operative pain (transcutaneous electrical nerve stimulation) is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery especially post thoracotomy pain, but it has lesser effect on other orthopedic surgical procedures. However, since the associated request for cervical spine surgery is not medically necessary, the request for 1 surgi-stim unit is not considered medically appropriate at this time.

**1 FRONT WHEEL WALKER:** 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) Knee And Leg, Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

**Decision rationale:** The CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to the ODG, walking aids is recommended to lower the ground reaction force, and decrease the biomechanical load experienced by the lower limb. However, since the associated request for cervical spine surgery is not medically necessary, the request for 1 front wheel walker is not considered medically appropriate at this time.

**1 X-RAY OF THE CERVICAL SPINE (4 VIEWS):** 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the CA MTUS guidelines, x-ray of cervical spine is recommended to identify anatomic defect. According to the ODG, post-surgery x-rays are recommended to evaluate status of fusion. Additionally, a cervical x-ray dated 11/06/2013 showed normal cervical lordosis, and no signs of spondylosis or instability. In the absence of documented recent neck trauma, normal recent cervical radiographs, as well as non-certification of associated request for cervical spine surgery, the request is not medically necessary.