

<b>Case Number:</b>	CM14-0002931		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Neurosurgery 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 injured worker is a 63 year old male who sustained an injury on 07/23/07 when he slipped and fell on stairs injuring the neck and low back. The injured worker described continuing complaints of neck pain radiating to the right upper extremity. Prior conservative treatment included short periods of physical therapy chiropractic adjustments and acupuncture therapy. Medications included muscle relaxers, analgesics and anti-inflammatories. There was no clinical documentation regarding epidural steroid injections. Prior MRI and prior electrodiagnostic studies from November of 2011 noted no evidence for cervical radiculopathy. MRI of the cervical spine from 04/08/13 noted 3-4mm disc bulging at C4-5 creating mild to moderate diffuse flattening of the dura and mild left neural foraminal stenosis. At C5-6 there was a 2mm anterolisthesis with 2mm disc bulging contributing to some mild left neural foraminal stenosis without canal stenosis. At C6-7 there was a 4-5mm disc bulge with mild anterior flattening of the dura and bilateral neural foraminal stenosis more moderate to the left and more severe to the right. The neurosurgical consultation dated, 11/06/13 noted ongoing complaints of neck mid back and low back pain radiating to the upper extremities and lower extremities. Physical examination noted moderate tenderness to palpation over the posterior cervical spine and trapezii. Range of motion was diminished. There was mild weakness at the triceps to the right as well as weakness in the left deltoid muscle, left biceps, and brachioradialis. Sensation was decreased to pin prick over the right triceps and ulnar aspect of the forearm. No pathological reflexes were identified. Updated electrodiagnostic findings from 10/08/13 noted evidence of a chronic right C6 radiculopathy. Electrodiagnostic studies were repeated on 12/23/13 which noted no evidence for cervical radiculopathy. Follow up with the primary care physician on 12/03/13 continued to report numbness and tingling in the hands with associated spasms. Physical

examination findings were focused on the shoulder. Recommendations were for additional osteopathic treatment for the shoulder.

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

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

#### **ANTERIOR CERVICAL DISCECTOMY WITH ANTERIOR INTERBODY FUSION WITH IMPLANTATION OF FUSION CAGES AND CERVICAL PLATE FOR SPINAL CANAL AND NERVE ROOT DECOMPRESSION, FORAMINOTOMY AT C4-C5, C5-C6 AND C6-C7 LEVELS WITH ASSISTANT SURGEON(AND PRE OP CLEARANCE):**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper Back.

**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) Low Back Chapter, Pre-operative General, and the American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**Decision rationale:** The clinical documentation submitted for review did support a three level cervical fusion. The MRI findings, electrodiagnostic (EMG) findings, and physical examination would have supported a three level C4-5 to C6-7 anterior cervical discectomy and fusion. There were three separate electrodiagnostic studies for this injured worker, one of which showed a chronic C6-7 radiculopathy. On physical examination, there was mild weakness of the triceps which correlated with the moderate to severe right neural foraminal stenosis at C6-7. Furthermore, the injured worker's physical exam findings noted deltoid and biceps weakness also consistent with the foraminal stenosis present at C4-5 and C5-6. The clinical documentation did provide sufficient documentation regarding failure of non-operative treatment. The evidence would support that the injured worker was not going to improve with further non-operative treatment. Therefore, the medical necessity of the surgical requests is established. As the requested surgical procedures were appropriate, the proposed assistant surgeon and pre-operative consult are likewise medically appropriate. The complexity of the procedures would have necessitated an assistant surgeon and a pre-operative consult was appropriate to rule out any comorbid conditions that could have potentially increased risks for surgery. The request is medically necessary.

**IN PATIENT STAY, 1-2 DAYS:** Overtured

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter, Cervical Fusion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Injured worker Hospitalization.

**Decision rationale:** The surgical request was medically appropriate. Therefore, the injured worker would require the one to two day injured worker stay for post-operative monitoring regarding any complications from the procedure to include hardware failure, infection, or neurological compromise.

**POST-OP DURABLE MEDICAL EQUIPMENT; NECK BRACE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Post-Operative Bracing.

**Decision rationale:** The surgical request was medically appropriate. Therefore, the injured worker would require a post-operative neck brace to prevent any hardware complications from occurring in a 3 level fusion construct as well as allow for appropriate consolidation of the fusion graft. This durable medical equipment would have been reasonable and standard of care.

**POST-OP PHYSICAL THERAPY, CERVICAL THREE TIMES SIX:** Overturned

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

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

**Decision rationale:** The surgical request was medically appropriate. Therefore, the injured worker would require the 18 sessions of post-operative physical therapy for rehabilitation as recommended by CAMTUS post-operative physical therapy guidelines. The amount requested is within the guideline recommendations.

**NCS of the upper extremities for further evaluation of radiculopathy and surgical planning:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back; Nerve conduction studies.

**Decision rationale:** There is an indication the patient had undergone electrodiagnostic studies as recently as 12/23/13 which noted no evidence for cervical radiculopathy. Repeat studies are

indicated for patients who have demonstrated significant progressive changes in the symptomology or the clinical exam indicates new pathology. No information was submitted regarding the patient's changes in the symptomology or the development of new pathology. Without this information in place, repeat studies are not indicated.