

<b>Case Number:</b>	CM14-0004069		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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 56-year-old who has submitted a claim for cervical discopathy, and bilateral carpal tunnel syndrome associated with an industrial injury date of May 10, 2012. Medical records from 2012 to 2014 were reviewed showing that patient complained of chronic neck pain radiating to bilateral upper extremities, graded 7/10 in severity. Physical examination revealed tenderness at the paracervical muscles. Range of motion of the cervical spine was painful and restricted. Axial loading compression test and Spurling's maneuver were positive. Motor strength of left upper extremity was graded 4/5. Reflexes were normal. Sensation was diminished in C6 and C7 dermatomes. X-ray of the cervical spine, undated, revealed degenerative disks disease. She has been diagnosed with multilevel cervical spondylosis with instability / junctional level, kyphotic deformity from C4 to C7. Treatment to date has included physical therapy, chiropractic care, and medications such as naproxen, cyclobenzaprine, sumatriptan, ondansetron, omeprazole, tramadol, Terocin patch, Toradol injection, and vitamin B12 injection. Utilization review from December 18, 2013 denied the requests for MRI of the cervical spine, anterior cervical microdiscectomy with implantation of hardware from C4 to C7, possible fusion, surgical assistant, durable medical equipment (unspecified), and post-op medication (unspecified) because the pre-operative work-up was incomplete. The retrospective request for Toradol/Marcaine injection was denied because it is only indicated for acute pain. The retrospective request for vitamin B12 injection was denied because the patient did not present with vitamin deficiency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI CERVICAL SPINE: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, MRI, , 303-304

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the rationale given for MRI is because of a planned surgical procedure of microdiscectomy and possible fusion. Patient presented with chronic neck pain radiating to bilateral upper extremities despite acupuncture, physical therapy, and pain medications. This is further corroborated by sensorimotor deficits in the physical examination. The request for an MRI of the cervical spine is medically necessary and appropriate.

## **ANTERIOR CERVICAL MICRODISCECTOMY WITH IMPLANTATION OF HARDWARE C4-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines state that surgical consultation/intervention is indicated for patients who have: persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, and unresolved radicular symptoms after receiving conservative treatment. In this case, patient presented with chronic neck pain radiating to bilateral upper extremities despite acupuncture, physical therapy, and pain medications. This is further corroborated by sensorimotor deficits in the physical examination. X-ray revealed degenerative disc disease. However, there is no available MRI of the cervical spine for review, which may validate the above findings. Radiographic evidence is an important criterion to determine the medical necessity of surgery. Therefore, the request for anterior cervical microdiscectomy with implantation of hardware at C4-C7 is not medically necessary.

## **POSSIBLE C3-4 WITH REALIGNMENT AND REDUCTION OF LISTHESIS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**POSSIBLE FUSION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 180

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**SURGICAL ASSISTANT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**DME UNSPECIFIED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**POST-OP MEDICATION (UNSPECIFIED):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**RETROSPECTIVE TORADOL/MARCAINE INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.20-9792.26 Page(s): 72.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. The ODG Pain Chapter further states that ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, patient had been on tramadol when she was administered Toradol injection last November 2013, thus this was given not as an alternative medication, but rather, as an adjunct to treatment which is not recommended by the guidelines. Patient has been complaining of neck pain as far back as 2012, making her not a candidate for Toradol since it is not indicated for chronic conditions. Therefore, the retrospective request for Toradol / Marcaine injection is not medically necessary.

**RETROSPECTIVE VITAMIN B-12 INJECTION: 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) PAIN CHAPTER, VITAMIN B

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Pain chapter, was used instead. ODG states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, patient has persistent neck pain despite conservative management. However, there is no evidence to support vitamin B12 injection. There is no discussion concerning need for variance from the guidelines. The retrospective request for a vitamin B12 injection is not medically necessary or appropriate.