

<b>Case Number:</b>	CM14-0006583		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Orthopaedic 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:

This 49-year-old female sustained an industrial injury on March 21, 2003; mechanism of injury was not documented. Records documented the patient was under active treatment for both cervical and lumbar complaints. A November 19, 2013 request for L4 to S1 posterior lumbar interbody fusion, possibly including L3/4 was submitted. The May 11, 2013 cervical MRI findings documented 2 mm broad based disc bulge at C4/5 effacing the anterior thecal sac with mild bilateral facet arthropathy, mild left neuroforaminal narrowing, and no canal stenosis. There was a 3mm broad based disc bulge at C5/6 effacing the thecal sac, with mild bilateral facet arthropathy, mild canal stenosis, and severe bilateral neuroforaminal narrowing. Otherwise, the cervical MRI was reported unremarkable. An October 8, 2013 psychological assessment review documented psychosocial screening with moderate findings of depression and recommended for evaluation by a psychiatrist. Conservative treatment for the cervical spine had included on-going home exercise, narcotics medications, anti-epilepsy medications, and benzodiazepines. The November 25, 2013 treating physician report cited continued symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. Physical exam findings documented paravertebral muscle spasms, positive axial loading compression test, extension of symptomatology in the upper extremities, generalized weakness and numbness, and some dermatomal overlap in the upper extremities. Toradol and Vitamin B-12 complex injections were provided. The treatment plan recommended anterior cervical microdiscectomy with implantation of hardware and realignment of deformity and instability that is present, as a last resort. The report indicated that if a total disc replacement was unsuccessful, a cervical fusion would be undertaken. The January 2, 2014 utilization review denied the request for C4-C6 anterior cervical discectomy with implantation of hardware based on an absence of clinical findings of radiculopathy correlated with an abnormal imaging study and no MRI evidence of

instability or stenosis. Associated surgical requests were denied, as were the injections provided on November 25, 2013. The January 15, 2014 appeal letter documented physical exam findings of focal motor deficits with no greater than 3+ to 4- strength of the deltoid, biceps and wrist extensors, all C5 and C6 innervated muscles. There was a positive Spurling maneuver and diminished C5 and C6 dermatomal sensation. MRI findings were documented including a C5/6 disc protrusion with severe bilateral neuroforaminal narrowing, with a posterior element to the protruded disc material causing significant central canal stenosis. There was a C4/5 disc bulge effacing the thecal sac, thereby disrupting the normal nerve root course.

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

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

#### **C4-C6 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE: Upheld**

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

**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, Discectomy-Laminectomy-Laminoplasty, Fusion, Anterior Cervical.

**Decision rationale:** Under consideration is a request for an anterior cervical discectomy with implantation of hardware at C4-C6. The records indicated that a total disc replacement was planned, but if unsuccessful, a cervical fusion would be performed. The California MTUS guidelines do not provide recommendations for cervical surgeries in chronic injuries. The Official Disability Guidelines (ODG) recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. The ODG indicates that disc replacement is under study with recent promising results in the cervical spine but state that additional studies are required to allow for a recommended status. Guideline criteria have not been met. Long-term literature does not support adjacent, multilevel artificial disc replacements (ADR) or hybrid ADR/fusion constructs at this time. An intra-operative trial-contingent is also not supported by guidelines. There is no detailed documentation that recent reasonable non-operative treatment had been tried and failed. Therefore, this request for C4-C6 anterior cervical discectomy with implantation of hardware is not medically necessary.

#### **3 DAYS INPATIENT STAY: 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:** As the request for request for C4-C6 anterior cervical discectomy with implantation of hardware is not medically necessary, the request for a 3-day inpatient stay is also not necessary.

**ONE CO-SURGEON:** 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:** As the request for request for C4-C6 anterior cervical discectomy with implantation of hardware is not medically necessary, the request for one co-surgeon is also not necessary.

**ONE MINERVA MINI CERVICAL 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 cite any medical evidence for its decision.

**Decision rationale:** As the request for request for C4-C6 anterior cervical discectomy with implantation of hardware is not medically necessary, the request for one co-surgeon is also not necessary.

**ONE 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 cite any medical evidence for its decision.

**Decision rationale:** As the request for request for C4-C6 anterior cervical discectomy with implantation of hardware is not medically necessary, the request for one bone stimulator is also not necessary.

**ONE MEDICAL CLEARANCE WITH AN INTERNIST:** 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:** As the request for request for C4-C6 anterior cervical discectomy with implantation of hardware is not medically necessary, the request for one bone stimulator is also not necessary.

**ONE INTRAMUSCULAR INJECTION OF 2CC OF TORADOL MIXED WITH 1CC OF MARCAINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 72

**Decision rationale:** Under consideration is a request for one intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine. The California MTUS Chronic Pain Guidelines state that injectable Toradol is not indicated for minor or chronic painful conditions. Guideline criteria have not been met. This patient is being treated for chronic pain with a diagnosis of cervical and lumbar discopathy. There was no clear indication stated for the provision of this medication. Therefore, this request for one intramuscular injection of 2cc of Toradol mixed with 1cc of Marcaine is not medically necessary.

**ONE INTRAMUSCULAR INJECTION OF VITAMIN B-12 COMPLEX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Vitamin B.

**Decision rationale:** Under consideration is a request for one intramuscular injection of vitamin B-12 complex. The California MTUS does not provide recommendations relative to the use of Vitamin B12. The Official Disability Guidelines state that the use of Vitamin B is not recommended. In addition, is frequently used for treating peripheral neuropathy but its efficacy is not clear. The ODG states that the evidence is insufficient to determine whether vitamin B is beneficial or harmful. Therefore, in the absence of guideline support, the request for one intramuscular injection of vitamin B-12 complex is not medically necessary.

**ONE MIAMI J COLLAR WITH THORACIC EXTENSION:** 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:** As the request for request for C4-C6 anterior cervical discectomy with implantation of hardware is not medically necessary, the request for Miami J collar with thoracic extension is also not necessary.