

<b>Case Number:</b>	CM14-0007944		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Surgeon, has a subspecialty in Sports Medicine 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 44-year-old male who reported an injury on 01/28/2003. The mechanism of injury was not specifically stated. Current diagnoses include adjacent disc disease of C4-5 causing C5 radiculopathy and surgical fusion at C5-6 with total resolution of C6 radiculopathy. The injured worker was evaluated on 10/31/2013. The injured worker was status post C5-6 discectomy and fusion. Physical examination revealed no motor deficits, diminished sensation in the C5 dermatome bilaterally and stiffness with limited range of motion of the cervical spine. Treatment recommendations included an extension of the fusion between C4-5. It is noted that the injured worker underwent a cervical spine MRI on 10/20/2013, which indicated status post anterior fusion at C5-6 with postsurgical artifact, narrowing of the spinal canal from C3-5, a 3.2 mm posterior central disc protrusion at C3-4, and a 2.8 posterior central and left paracentral disc protrusion at C4-5 without neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR 1 EXTENTION OF THE FUSION TO C4-C5 BETWEEN 10/31/2013 AND 3/13/2014: Upheld**

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

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

**Decision rationale:** Neck and Upper back Complaints /ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for an additional surgical procedure. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 PRE-OP MEDICAL WORK-OP BETWEEN 10/31/2013 AND 3/ 13/2014:** Upheld

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

**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.

**PROSPECTIVE REQUEST FOR 18 SESSIONS OF POST-OP AQUATIC THERAPY (THROUGH [REDACTED]) BETWEEN 10/31/2013 AND 3/13/2014:** Upheld

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

**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.

**PROSPECTIVE REQUEST FOR 1 RIGID CERVICAL COLLAR (THROUGH [REDACTED]) BETWEEN 10-31/2013 AND 3/13/2014:** Upheld

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

**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.

