

<b>Case Number:</b>	CM14-0106523		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Texas. 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 reported an injury on 07/23/2007. Prior treatments included acupuncture, chiropractic treatment, and physical therapy as well as a TENS unit. The mechanism of injury was a slip and fall on wet stairs. The documentation of 04/08/2013 was an MRI of the cervical spine, which revealed at C4-5 there was a 3 to 4 mm disc bulge with mild to moderate diffuse flattening of the dura and mild left neural foraminal narrowing. At the level of C5-6, there was a 2 mm disc bulge with 2 mm of anterolisthesis of C5 on C6 with a height intensity zone noted in the posterior aspect of the disc. There was no central canal narrowing; however, there was mild left neural foraminal narrowing. At the level of C6-7, there was a 4 to 5 mm disc bulge with mild anterior flattening of the dura and bilateral neural foraminal narrowing, which is moderate on the left and moderate to severe on the right. At C5-6, there was an annular fissure. Additionally, at that level, there was spondylolisthesis with central canal narrowing that was mild to moderate at C4-5 and mild at C6-7. The injured worker underwent EMG/NCV studies on 10/08/2013, which revealed the injured worker had electrodiagnostic evidence of a chronic right C6 radiculopathy. The documentation of 05/22/2014 revealed the injured worker had complaints of constant moderate to severe pain in the neck. The pain was associated with radicular pain into both arms. Associated symptoms included numbness, tingling, and weakness in the bilateral arms. The physical examination revealed the injured worker had moderate tenderness to palpation of the posterior cervical spine and trapezius muscles and range of motion was diminished in all directions. There was grade 4/5 weakness of the triceps muscle on the right as well as weakness of the left deltoid muscle, biceps, and brachioradialis muscles. Deep tendon reflexes were hypoactive throughout the bilateral upper and lower extremities. The sensory examination revealed diminished pinprick appreciation over the right triceps, forearm, and fingers. The diagnoses included degenerative spondylolisthesis of C5 on C6, multilevel cervical

spondylosis and disc herniations at C4-5, C5-6, and C6-7 with foraminal stenosis and bilateral radiculopathy confirmed on EMG studies, insulin dependent diabetes mellitus, and lumbar disc disease. The treatment recommendation included an anterior cervical discectomy with anterior interbody fusion with implantation of fusion cages and cervical plate for spinal canal and nerve root decompression including foraminotomies at C4-5, C5-6, and C6-7. Additionally, the recommendation was for a medical clearance, postoperative physical therapy, and a 2 day inpatient hospital stay.

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

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

#### **Anterior cervical discectomy, anterior body fusion cages, cervical plate for spinal canal and nerve root decompression to include foraminotomies at the C4-C6, C5-C6, and C6-C7:**

Upheld

**Claims Administrator 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, Cervical Spine Chapter and Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The ACOEM Guidelines indicate the surgical consultation is appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms, activity limitations for more than 1 month, or with extreme progression of symptoms, and have clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon the MRI. There were noted to be findings to support right C6 radiculopathy on the nerve conduction studies of 10/08/2013. The study did not support findings in the additional requested levels. The injured worker had multiple type of conservative care. The physical examination indicated the injured worker had diminished pinprick over the right triceps, forearm, and fingers. However, the specific dermatomes were not identified. The documentation indicated the injured worker had hypoactive reflexes. The documentation indicated the injured worker had 4/5 weakness of the triceps muscle on the right and weakness of the left deltoid muscle, biceps, and brachioradialis. As all of the requested levels were not supported through the electrodiagnostic studies, this request would not be supported in its entirety. Given the above, and the lack of specificity, the request for anterior cervical discectomy, anterior body fusion cages, and cervical plate for spinal canal and nerve root decompression to include foraminotomies at the C4-C6, C5-C6, and C6-C7 is not medically necessary.

**Pre operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative

cardiovascular evaluation and care for noncardiac surgery,  
(<http://ciro.ahajournals.org/cgi/contents/full/aa6/117/e41B>).

**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.

**2-3 day inpatient hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine, ODG hospital length of stay (LOS) guidelines.

**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.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons, AAOS citation regarding assistants: Evidence citations for assistant surgeon.

**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.

**Cervical 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, Cervical Spine.

**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.

**Bone growth stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Criteria for use.

**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 operative physical therapy 3 times 6:** 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.