

<b>Case Number:</b>	CM14-0014973		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/18/2001
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 55-year-old female, with a 1/18/11 date of injury. She underwent an anterior cervical discectomy and fusion (ACDF) at C5-6 in 2006. Electrodiagnostic studies from 12/16/13 did not reveal radiculopathy at C4-5; however, there was evidence of mild to moderate carpal tunnel syndrome (CTS) bilaterally. An MRI dated 7/23/12, revealed a solid fusion at C5-6 with superior adjacent segment disease, noting left facet degeneration/capsulitis at C4-5. The 1/13/14 progress note described ongoing cervical spine pain, heaviness, tingling, and numbness in the arms, and headaches. Clinically, there was reduced range of motion in the cervical spine with tenderness; full strength; and diminished sensation in the posterior aspects of the shoulders bilaterally. An electromyography (EMG)/MRI were referenced. There was noted compression of the spinal cord, with difficulties emptying the bladder, increased frequency and urgency, as well as minor episodes of incontinence. Surgery was requested to include hardware removal, fusion exploration at C5-6 and ACDF at C4-5 were requested. A 1/29/14 note described neck and low back pain, with burning sensation to the right sacroiliac (SI) joint. A new cervical MRI was requested. The 2/20/14 MRI of the cervical spine revealed solid fusion at C5-6; modest adjacent segment disease at C4-5, with significant left sided facet arthritis with bone ridging and minor reactive marrow change degenerative type anterolisthesis of approximately 2 mm, subtle very focal annular fissuring and a tiny annular bulge; disc is moderately narrowed; there was non-critical mild to moderate left and mild right neural foraminal narrowing; and no spinal canal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation with the psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** Medical necessity for a psychological evaluation has not been established. The Chronic Pain Guidelines indicate that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. There remains no discussion regarding psychological complaints and the request is not substantiated. Furthermore, the surgical request obtained an adverse determination and preoperative psych clearance is not indicated.

**C5-C6 hardware removal with exploration of the fusion, C4-C5 anterior cervical discectomy with cadaver bone graft plate and cages:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 305-306, and on the Official Disability Guidelines (ODG), Low back chapter, Hardware removal.

**Decision rationale:** Medical necessity for the requested cervical spine surgical treatment has not been established. It remains unclear why exploration of fusion with removal of hardware is necessary. The Official Disability Guidelines do not recommend the routine removal of hardware unless hardware failure is documented. In addition, indications would include dysphagia; plate dislocation; loosening; or plate protrusion. Imaging revealed complete fusion, there is no discussion regarding painful hardware, and there is no documentation of progressive radicular findings. The electromyographies (EMGs) were negative and the MRI unremarkable at this level, with complete fusion. Anterior cervical discectomy and fusion (ACDF) at C4-5 is also not justified. Although there were findings of adjacent segment disease, the EMGs did not reveal radiculopathy at this level, and there is no evidence of progressive radicular findings consistent with the C4-C5. The MTUS/ACOEM Guidelines indicate that the criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, extreme progression of symptoms, and corroborating clinical and imaging evidence. Although the most recent note described some myelopathic findings, with urinary changes; the patient is also fused in the lumbar spine with ongoing pain complaint. There is little description of re-evaluation through imaging of the lumbar spine, possibly identifying lumbar spine issues responsible for the urinary changes. Based on the reviewed medical records, the requested surgical intervention is not indicated.

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

**Twenty-three (23) hour 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Hard cervical collar: 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.

**Soft shower collar: 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.