

<b>Case Number:</b>	CM14-0137073		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 47-year-old female who reported an injury on 07/19/2011. The mechanism of injury was not provided. Prior therapies included psychotherapy. The injured worker underwent prior surgical intervention for the cervical spine. The documentation of 04/25/2014 by way of the psychiatric documentation indicated the injured worker had returned to work and was continuing to function at her job with no psychiatric preclusions from her continuing to do that. The documentation indicated the injured worker would not likely respond to cognitive behavioral therapy and would need a PhD level Psychologist. Additionally, the physician opined the injured worker may require more treatment after surgery for an extended period of time. The physician opined that he had no confidence that antidepressant medications would help the injured worker. The documentation of 06/10/2014 revealed the injured worker had surgical diagnoses of cervical spine stenosis and lumbar spine stenosis. The injured worker was noted to be a pediatric hospitalist off work secondary to foot drop and continued pain in the neck region. The current medications were noted to include Butrans. The physical examination revealed the injured worker had tibialis anterior strength of 5/3. The extensor hallucis longus strength was 5/4. The injured worker had diminished sensation at L5. The sensation at C5 through L4 was within normal limits. The reflexes were 1+ bilaterally in the biceps, brachioradialis, and triceps, as well as patellar and ankle. The Hoffman's was absent bilaterally. The physician documented during the encounter he had recommended the MRI of the cervical spine. There was instrumentation at C5-6. The imaging demonstrated disc herniation at L4-5. There was central stenosis at C4-5 and L4-C5. There was left sided foraminal stenosis at C5-6. The treatment plan included a revision of the anterior cervical discectomy and fusion at C4-C6, and possible C4-C7 pending CT scan. The treatment plan included the injured worker's symptoms were worsening and the injured worker should have a transforaminal epidural steroid

injection for pain control. The physician opined a fusion would be appropriate. However, a CT scan of the cervical spine would be appropriate prior to the surgery to rule out other facet arthropathy. Additionally, the physician indicated the injured worker may have subjacent segment disease. The documentation of 08/06/2014 revealed the injured worker had been denied cervical spine surgery and the request was being for same. There was no request for authorization submitted for review.

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

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

**Cervical Spine Surgery with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate surgical consultation may be appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than 1 month, or with extreme progression of symptoms. There should be clear clinical, imaging, and electrophysiologic 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. Additionally, the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker had instability upon x-rays. There was no MRI submitted for review. The request as submitted failed to indicate the specific surgery being requested. Given the above, the request for cervical spine surgery with [REDACTED] is not medically necessary.