

<b>Case Number:</b>	CM14-0138524		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/26/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 51-year-old male who reported an injury on 11/26/2003 due to an unknown mechanism. Diagnoses were status post C4-5 fusion for sUBLuxation, successful with mild persistent foraminal stenosis; adjacent motion segment syndrome T5-6 with foraminal stenosis, moderate to severe, at present nonsurgical; thoracic cyst T9 region, status post excision at [REDACTED] with lower extremity paraplegia and gait disturbance - cane and walker dependence; status post L4-S1 fusion in 2004; and status post L2-4 fusion for retrolisthesis in 2012. CT scan of the cervical spine revealed hardware and stable bridging bone at the C4-5. At C5-6 there was soft tissue foraminal stenosis bilateral. The injured worker had an EMG/NCV on 05/28/2014 that revealed the study demonstrated generalized slowing of the distal sensory responses and chronic neuropathic changes in the distal muscles, which was suggestive of peripheral neuropathy. It also revealed chronic neuropathic changes in the left pronator teres brachioradialis, and associated paraspinal muscles, consistent with left C6 radiculopathy. Physical examination dated 04/07/2014 revealed that the injured worker's current medical condition was complicated by thoracic arachnoid cyst removed in 2009 with subsequent lower extremity paraparesis and also subsequent lumbar fusion L2-4 for sUBLuxing anterolisthesis and a prior L4-S1 fusion in 2005. The examination revealed complaints of neck pain that was rated a 7/10. It was reported that it had been flaring up for the last 2 months. The pain was reported to be 60% in the arm, 40% in the neck. There was spasm and guarding of the neck. The injured worker reported he felt pins and needles in his arms and it also felt like they were on fire. It was reported that the injured worker had 3 recent falls due to his thoracic paraplegia. Examination of the cervical spine revealed spasm, guarding, and loss of lordosis. Rotation to the right and left was 45 to 50 degrees, more limited to the right with left center occipital pain and pain into the right sternocleidomastoid area. Flexion was to 20 degrees, extension was to 45 degrees, again with

cervicothoracic pain and right paracervical pain. Abduction to the right was to 20 degrees, left was to 30 degrees, again with left cervicothoracic and occipital pain. Treatment plan was for an EMG/NCV of the bilateral upper extremities to determine carpal tunnel versus cervical radiculopathy. The rationale and Request for Authorization were not submitted.

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

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

#### **C5-6 anterior cervical fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (Web), 2014, Neck & Upper Back chapter, Fusion, Anterior cervical

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

**Decision rationale:** The decision for C5-6 anterior cervical fusion is not medically necessary. The California ACOEM states surgical considerations should be considered in the first 3 months of onset of potentially work related acute neck and upper back symptoms. Consider surgery only if the following are detected: severe spinovertebral pathology; severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. 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 or with extreme progression of symptoms, 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, unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Pain management was not documented in the form of medications for “flare-up” pain, exercise, physical therapy or stretching exercises, acupuncture and chiropractic sessions. It was not reported that the injured worker’s arm symptoms were disabling or that there was an extreme progression of symptoms. The injured worker had not received any type of recent conservative treatment to address the unresolved radicular symptoms such as epidural steroid injections. Furthermore, the medical guidelines recommend psychological evaluation prior to surgery which was not reported. The clinical information submitted for review does not provide evidence to justify a C5-6 anterior cervical fusion. Therefore, this request is not medically necessary.

#### **Removal of hardware at C4-5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hardware Implant Removal (fixation)

**Decision rationale:** The decision for Removal of Hardware at C4-5 is not medically necessary. The guidelines do not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. The routine removal of orthopaedic fixation devices after healing remains an issue of debate, but implant removal in symptomatic patients is rated to be moderately effective. Cervical CT scan revealed hardware and stable bridging bone at C4-5. No instability or deformity seen. There were no significant factors provided to support the request of hardware removal. Based on the lack of documentation detailing a clear indication for removal of hardware at C4-5, this request is not medically necessary.

**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.

**Inpatient x2 day 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.

**Post-op purchase of 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.

**Post-op purchase external bone growth 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Intraoperative neuromonitoring: 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.

**Post-op rental: vascutherm DVT x30 days cervical spine: 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.



