

<b>Case Number:</b>	CM14-0151042		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Spine 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 49-year-old male who reported an injury on 07/09/2013. The mechanism of injury was cumulative trauma. The injured worker underwent trigger point injections in his neck. The documentation of 06/25/2014 revealed the injured worker had no treatments in regards to his neck or low back. The injured worker's prior surgical history was stated to be none. The medications included naproxen 550 mg twice a day, Norco every 12 hours, Prilosec 20 mg twice a day, Xanax 0.5 mg 1 at bedtime, and Indomethacin 50 mg twice a day. The injured worker had an MRI of the cervical spine 08/12/2013 which revealed at the level of C5-6 there was a mild annular disc osteophyte complex and posterior broad disc extrusion. There was moderate spinal stenosis. There was moderate to severe right and moderate left neural foraminal narrowing. At C6-7 there was a mild annular disc osteophyte complex and tiny posterior broad disc extrusion. There was moderate spinal stenosis. There was slight right and moderate left neural foraminal narrowing. The documentation of 07/31/2014 revealed the injured worker had neck and radiating right arm pain. The documentation indicated the injured worker had an MRI of the cervical spine that was reviewed. The physician opined the MRI revealed predominantly C5-6 and C6-7 disc disease. There was severe C5-6 bilateral foraminal stenosis with moderate central stenosis. At C6-7 there was foraminal stenosis. The C3-4 disc disease appeared to be essentially unchanged but without significant central spinal canal or exiting nerve root stenosis. The diagnoses included chronic neck pain and radiating right arm pain, predominantly C5-C7 foraminal stenosis and C3-4 lateral foraminal stenosis. There was severe back and radiating right leg pain and mobile spondylolisthesis and stenosis at L5-S1. The treatment plan included the injured worker would likely require a C5 through C7 anterior cervical discectomy and fusion with instrumentation. The injured worker had some numbness in the index, middle, and ring

finger bilaterally, right greater than left, and cervical range of motion was limited. 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:

**C5-7 ACDF with instrumentation:** Upheld

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

**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 indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of 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 physical examination. The MRI of the cervical spine revealed the injured worker had mild annular disc osteophyte complex and tiny posterior disc extrusion with moderate spinal stenosis. However, there was lack of documentation indicating nerve impingement to support surgical intervention. There were no electrodiagnostic studies submitted for review. If the discectomy was approved, the fusion would need to be performed due to the discectomy. There was a lack of documentation of a failure of conservative care. It was indicated the injured worker had no conservative care for the cervical spine. Given the above, the request for C5-7 ACDF with instrumentation is not medically necessary.

**Assistant:** 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.

**DME: Aspen 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.

**Bone Growth Stimulator and fitting:** 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.