

<b>Case Number:</b>	CM14-0163504		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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 44-year-old male who reported an injury on 12/20/2013. While the injured worker was at work, he sustained an industrial injury to his neck, cervical spine, and right shoulder. He stated he climbed up the roof while his coworker stayed on the ground. He stated he threw a rope towards his coworker to tie the materials in 2 to pull them up to the roof. He performed the pulling process that morning and developed upper extremity pains while in stooping positions. The injured worker began to notice some soreness in his upper extremities and discomfort. The injured worker's treatment history included x-rays of the neck, medications, 18 visits of physical therapy which were not helpful, an MRI scan of the neck, EMG/NCV studies, and the injured worker underwent a left hand surgery in 2007 and a gallbladder removal surgery in 2000. The injured worker had an EMG/NCS study done on 05/14/2014 that revealed an abnormal electrodiagnostic study of the right upper limb. Although this finding did not meet the electrodiagnostic criteria for radiculopathy, it was highly suggestive of a right C6 radiculopathy. Correlate with your clinical evaluation. This electrodiagnostic study also revealed findings that were most consistent with a mild to moderate right median entrapment neuropathy at or distal to the wrist, i.e., CTS, affecting both sensory and motor components. The injured worker had undergone an official MRI of the cervical spine dated 02/20/2014 that revealed posterior disc protrusion at C3-4, C4-5, C5-6, C6-7, and C7-T1 with straightening of the normal lordotic curvature and narrowing of the C5-6 interspace with spondylosis as described. The injured worker was evaluated on 07/29/2014 and it was documented that he was informed of his condition and surgical options. The provider noted the injured worker requested that he would like to proceed with spinal surgery and carpal tunnel surgery. He also discussed his surgical options for his cervical spine. A physical examination was not done on this visit. The plan included surgery, right anterior C5-6-7 intervertebral discectomies, fusion, and instrumentation;

and right median neuroplasty at the carpal tunnel. The diagnoses included multilevel cervical intervertebral disc herniations, multilevel cervical stenosis with myelopathy, right upper extremity polyradiculopathy referable to C6 and C7, right median nerve entrapment at the carpal tunnel, numbness of the right lateral patellar region, hypertension, and obesity. On 08/19/2014, the provider provided a statement regarding the notice of utilization review decision on denial of surgery. The provider noted the anterior C5-6-7 intervertebral discectomy report dated 05/13/2014, the injured worker described the pain becoming unbearable and numbness ensued involving the radial 3 digits of his right hand which indicates description of C6-7 radiculopathy. The provider noted the injured worker had numbness of his fingers resolved to the point that he has occasional tingling in the fingertips of the radial 3 digits of his right hand, this subject of description confirmed right C6-7 radiculopathy. On physical examination of the musculoskeletal system, there was fasciculation of the left triceps. The triceps bulk appeared diminished. These findings confirmed C6-7 radiculopathy. Under the deep tendon reflexes examination, the extremity deep tendon reflexes were 2+ save for the right brachioradialis which was absent. This confirmed a right C6 radiculopathy. In response to the right median neuroplasty of the carpal tunnel, on 07/01/2014, the injured worker was noted to have an EMG/nerve conduction study of the upper extremities on 05/14/2014 that described both motor and sensory changes of the median nerve at the right carpal tunnel consistent with right median nerve entrapment neuropathy at the carpal tunnel (carpal tunnel syndrome). When the carpal tunnel syndrome was identified, it was imperative to offer the injured worker timely surgery because ongoing compression may lead to further neurological motor and sensory deterioration which was commonly permanent once it has occurred, which may affect overall level of function, particularly when it affects the injured worker's dominant hand. Therefore, the injured worker has probably been advised of recommendation for the median nerve decompression at the carpal tunnel which the injured worker had requested. The injured worker was evaluated on 10/05/2014 and it was documented the injured worker complained of cervical pain rated at 3/10 to 4/10, thoracic spine pain rated at 3/10 to 4/10, and right shoulder pain rated at 3/10 to 4/10 in severity on the subjective pain scale. The physical examination of cervical range of motion revealed the injured worker maintained an active flexion to 50 degrees, extension to 35 degrees, right rotation to 70 degrees, left rotation to 60 degrees, right lateral flexion to 30 degrees, and left lateral flexion to 40 degrees. The injured worker was not tender to palpation over the spinous process nor was he tender to palpation of the paraspinal musculature of the cervicothoracic vertebrae. The diagnoses included multiple cervical intervertebral disc herniations, multiple cervical stenosis with myelopathy, right upper extremity polyradiculopathy referable to C6-7, and right shoulder hypertrophic changes to the acromioclavicular joint per x-ray of 05/13/2014. The Request for Authorization dated 07/29/2014 was for right anterior C5-6-7 intervertebral discectomies; fusion, application of intervertebral biomechanical device; fusion anterior instrumentation; right median neuropathy at the carpal tunnel; fluoroscopy; medical clearance; EKG; CBC; and transportation on the day of the surgery.

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

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

**Right Anterior C-5-6-7 Intervertebral Discectomies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180-181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** The request for right anterior C5-6-7 intervertebral discectomies is not medically necessary. According to the California MTUS/ACOEM do not recommend discectomy or fusion without conservative treatment 4 to 6 weeks minimum. Discectomy or fusion for non-radiating pain or in absence of evidence of nerve root compromise. There was limited clinical evidence of radiculopathy. There should be 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; and unresolved radicular symptoms after receiving conservative treatment. On 08/19/2014, the provider noted the injured worker had physical findings of C6 and C7 radiculopathy. However, it states there must be electrophysiologic evidence that consists of radiculopathy. The injured worker had undergone an EMG/NCV study on 05/14/2014. Although this finding did not meet the electrodiagnostic criteria for radiculopathy, it was highly suggestive of right C6 radiculopathy. On 02/20/2014, the injured worker had undergone an MRI of the cervical spine that revealed posterior disc protrusion at C3-4, C4-5, C5-6, C6-7, and C7-T1 with straightening of the normal lordotic curvature and narrowing of the C5-6 interspace with spondylosis as described. The provider noted the injured worker has failed all conservative care measures including physical therapy and medications; however, the outcome measurements of previous physical therapy sessions were not submitted for this review. There is a lack of documentation on the duration of care treatment. As such, the request for right anterior C5-6-7 intervertebral discectomies is not medically necessary.

**Fusion, Application of Intervertebral Bio-Mechanical Device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180-181.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**Fusion, Anterior Instrumentation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180-181.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**Right Median Neuropathy at the Carpal Tunnel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 265, 270.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The request for right median neuropathy at the carpal tunnel is not medically necessary. The California MTUS ACEOM state that surgical decompression of the median nerve usually relieves carpal tunnel syndrome (CTS) symptoms. High quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). Likewise, diabetic patients with peripheral neuropathy cannot expect full recovery and total abatement of symptoms after nerve decompression. The guidelines also states fail to respond to conservative management, including worksite modifications. On 05/14/2014, the injured worker had undergone an EMG/NCV study that revealed findings that were most consistent with mild to moderate right median entrapment neuropathy at or distal to the wrist, i.e., CTS, affecting both sensory and motor components. However, the provider failed provide include outcome measurements of failed to respond to conservative care management. As such, the request for right median neuropathy at the carpal tunnel is not medically necessary.

**Associated Surgical Service: Fluoroscopy:** 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.

**Associated Surgical Service: Medical Clearance:** 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.

**Associated Surgical Service: EKG: 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), Low back, Preoperative testing general

**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.

**Associated Surgical Service: CBC: 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), Low back, Preoperative testing general

**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.

**Associated Surgical Service: Transportation on the day of the surgery: Upheld**

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

**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.