

<b>Case Number:</b>	CM14-0077404		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/20/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 52-year-old male who reported injury on 05/20/2009. The documentation of 04/16/2014 revealed there was no specific mechanism of injury. The diagnosis is cervicalgia. The prior treatments included epidural steroid injections, medications and physical therapy. The injured worker was noted to be assessed by a licensed psychologist and to be treated by the same. The documentation of 03/17/2014 revealed the injured worker had an MRI of the cervical spine which showed disc degeneration with protrusion at C5-6, C6-7, causing central canal stenosis and bilateral foraminal narrowing. The diagnoses included C5-6, C6-7 discogenic neck pain with radiculopathy. The treatment plan included an anterior cervical discectomy and fusion at C5-6 and C6-7 as well durable medical equipment and postoperative physical therapy. The injured worker had complaints of pain and stiffness in the neck. The pain radiated down the bilateral arms. The documentation indicated the injured worker had epidural steroid injections with limited relief. The physical examination revealed midline and paraspinal tenderness in the cervical spine. There was decreased range of motion and decreased sensation on the right at C6 and C7 distribution and on the left at C8 distribution. The injured worker was noted to undergo 2 MRIs, 1 dated 09/21/2011 and the other 04/16/2013. The unofficial results of the MRI dated 09/21/2011 revealed at the level of C5-6 there was disc desiccation with a 2 mm disc osteophyte bulge with no canal stenosis. There was a left side neural foraminal narrowing. At C6-7, there was disc desiccation with loss of disc height and a 2 mm disc bulge with no evidence of canal stenosis. There was some evidence of neural foraminal narrowing. The documentation further indicated the injured worker had an MRI of the cervical spine on 04/16/2013 with unofficial results which revealed at the level of C5-6 there was a 3 mm posterior disc osteophyte complex with mild facet arthropathy and mild to moderate uncovertebral spurring. There was flapping of the ventral thecal sac with mild canal stenosis. There was a moderate left and mild to moderate

right neural foraminal narrowing. At C6-7, the injured worker had a 3 mm undulating posterior disc and osteophyte complex with mild facet arthropathy and moderate uncovertebral spurring. There was flattening of the ventral thecal sac but not the cord and there was mild stenosis. There was moderate bilateral foraminal narrowing. Additionally, it was indicated there were similar findings of mild to moderate facet arthropathy and moderate right and mild left uncovertebral spurring at C7-T1 and similar findings involved C4-5. There was no DWC form RFA submitted for the request.

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

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

#### **Anterior Cervical Discectomy/Fusion C5-6, C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

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

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation maybe appropriate for injured workers 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. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to provide documentation of clinical evidence at the level of C5-6. There was a lack of official documentation including the MRI. There was no documentation of electrodiagnostic study results and there were no electrodiagnsotic studies provided for review to support the surgical intervention. Given the above, the request for anterior cervical discectomy/fusion C5-6, C6-C7 is not medically necessary.

#### **RN Evaluation for Post Op Home Health Care Wound Care, Assistance with Daily Living Activings 8 hrs daily for 4 hours a day for 2 week: 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

#### **University Brace for 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Combo Stim Electro Therapy Unit:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**DVT Max Unit:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

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

**12 Sessions of Post Op Physical Therapy for the 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre Op 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Post Op Follow Up: 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.