

<b>Case Number:</b>	CM14-0082542		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/02/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 California. 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:

This 70-year-old female teacher sustained an accepted industrial injury on 4/21/98 due to cumulative trauma. Past surgical history was positive for right first carpometacarpal joint arthroplasty. Past medical history indicated a negative systemic response to epidural steroid injections. The 3/7/14 treating physician report cited on-going neck pain that had benefitted from physical therapy and acupuncture in the past. It had been over 6 months since the last treatment. Cervical spine exam documented mild torticollis, positive head compression and Spurling's tests, and exquisite tenderness and muscle spasms. The patient had pain on scapular retraction and bilateral levator scapula swelling/inflammation. Range of motion was moderately limited with significant increase in pain. There was no gross physical evidence of instability. Biceps and triceps reflexes were diminished. Bilateral biceps and wrist extensor strength was diminished. Wrist and finger flexors were weak. Thumb opposition was slightly weak. There was diminished sensation over the dorsum of the hand and volar aspect of the forearm and palm. The diagnosis was C4/5 and C6/7 discopathy with left sided radiculopathy, bilateral upper extremity overuse tendinopathy, gastrointestinal disturbance, and psychiatric complaints. The treatment plan recommended acupuncture 2x6 for the neck and bilateral upper extremities and a cervical traction unit. Medications included Skelaxin, Protonix, Voltaren, and TGHOT cream. The 3/19/14 MRI impression documented multilevel degenerative disease and facet arthropathy with resultant narrowing of the central spinal canal and neural foramina. There had been some progression of the degenerative changes and degree of central spinal canal and neural foraminal narrowing at C5/6 and C6/7. The 4/25/14 treating physician report cited continued severe neck pain and right upper extremity radiculopathy. Pain was worse with progressive weakening of the right upper extremity. She stated she needed acupuncture and physical therapy. Exam findings were unchanged from 3/17/14. The treating physician reported the MRI showed severe spondylosis of

the C5/6 and C6/7 levels with disc herniation causing abutment of the cervical cord. There were also bone spur formations anteriorly and posteriorly on the vertebral endplates of C5/6 and C6/7. Anterior cervical discectomy and fusion was recommended at C5/6 and C6/7 with associated post-operative items and services, psychological clearance, and pre-operative acupuncture. The 5/31/14 utilization review denied the anterior cervical discectomy and fusion and related requests as there was no evidence of any specific focal neurologic deficit in regards to the specific surgery levels. A request for 8 sessions for acupuncture was also denied as there was no evidence that pain medication was reduced or not tolerated. It was unclear whether the patient had already had acupuncture and, if so, what amount of treatment and what benefit was achieved.

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

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

#### **ACDF (Anterior Cervical Discectomy and Fusion) C5 - 7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back - Fusion, Anterior; Official Disability Guidelines (ODG): Cervical, Discectomy-Laminectomy; Official Disability Guidelines (ODG): Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Fusion, anterior cervical.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications that include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Psychological clearance for surgery has not been completed. Therefore, this request is not medically necessary.

#### **Physical Therapy 2 x 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "As the requested surgery is not medically necessary, the request for.... is also non-certified."

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Cervical Collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "As the requested surgery is not medically necessary, the request for.... is also non-certified."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Cervical collar, post-operative (fusion).

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Bone Stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "As the requested surgery is not medically necessary, the request for.... is also non-certified."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Bone-growth stimulators (BGS).

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Psychiatric Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "As the requested surgery is not medically necessary, the request for.... is also non-certified."

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

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**In Patient Stay x2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "As the requested surgery is not medically necessary, the request for.... is also non-certified."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay (LOS).

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**RN Evaluation at Home - Post Operative:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "As the requested surgery is not medically necessary, the request for.... is also non-certified."

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 21.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Acupuncture x8:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guideline criteria have been met. This patient is not taking pain medication. Acupuncture has been provided in the past with good results. Last care was reported 8 months prior. Given the increased level of symptoms and functional deficits, this request is medically necessary.