

<b>Case Number:</b>	CM14-0189005		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 is a 45 year old male with an 8/5/03 injury date. A 9/20/13 upper extremity EMG/NCV study was positive bilateral chronic active C5-6 radiculopathy, severe right carpal tunnel syndrome, and mild left carpal tunnel syndrome. In a 10/23/14 note, the patient complained of neck pain with radiation into the 4th and 5th fingers. Objective findings included neck stiffness, tenderness, spasms, trigger points, and diminished strength and sensation in the upper extremities. An 8/5/14 cervical MRI revealed a C5-6 disc herniation with trace retrolisthesis, mild central canal stenosis, moderate to severe right neural foraminal stenosis, and moderate left neural foraminal stenosis. Diagnostic impression: cervical disc herniation, radiculopathy. Treatment to date: medications including Xanax, and tramadol. A UR decision on 11/10/14 denied the request for C5-6 ACDF because the MRI did not show spinal cord compression and there was no documentation of progressive weakness secondary to nerve root compromise. The request for urine toxicology was denied because the records did not indicate that the patient is at risk for addiction or was non-compliant with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Surgery of CSP ACDF at the C5-6 between 10/23/2014 and 1/2/2015:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 179 and 183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter--Anterior cervical fusion.

**Decision rationale:** CA MTUS criteria for cervical decompression include persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. This patient has imaging, electrodiagnostic, and physical exam findings that correlate well with each other and are indicative of C5-6 radiculopathy. The physical exam could have been more detailed with more specific grading of muscle weakness, but the evidence from the other studies appears strong enough to support ACDF at C5-6. Therefore, the request for one (1) surgery of CSP ACDF at the C5-6 between 10/23/2014 and 1/2/2015 is medically necessary.

**One (1) Urinalysis Toxicology between 10/23/2014 and 1/2/2015:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Urine Analysis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43 and 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, there is documentation of ongoing management with tramadol and Xanax. A urine toxicology screen is appropriate. Therefore, the request for one (1) urinalysis toxicology between 10/23/2014 and 1/2/2015 is medically necessary.