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| <b>Case Number:</b>   | CM14-0209747 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 11/19/2008 |
| <b>Decision Date:</b> | 02/27/2015   | <b>UR Denial Date:</b>       | 11/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41-year-old female who reported an injury on 11/19/2008 due to an unspecified mechanism of injury. An MRI of the cervical spine dated 04/29/2014 showed a reversal of the normal cervical lordosis, which may have been positional; large vertebral body hemangiomas the C6 and T1 levels; and a broad based posterior disc protrusion at the C5-6 and C6-7 with mass effect upon the cord; only minimal narrowing of the neural foramina were demonstrated at those levels. On 08/28/2014, the injured worker presented for a followup evaluation. She reported neck pain, occipital headaches, intrascapular pain, and bilateral shoulder and arm pain (right worse than the left). There was also numbness in the right 2nd and 3rd digits of the hand and in the ulnar 2 digits. She was also experiencing low back and right knee problems. Her medications included Norco 10/325 mg 4 to 5 per day, Opana ER 2 per day, Neurontin 3 per day, and tizanidine 1 to 2 per day. A physical examination showed the injured worker's range of motion in the cervical spine was reduced to less than 50% of normal, muscle strength was good throughout, and deep tendon reflexes were absent. Information regarding the injured worker's surgical history, relevant diagnoses, and past treatments was not provided. The treatment plan was for a spinal ACDF at the C5-6 and C6-7 to be done at [REDACTED] for the cervical spine, assistant surgeon, inpatient hospital 1 day inpatient stay, and MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery- Spinal ACDF at C5-6 and C6-7 to be done at [REDACTED], cervical spine:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 180, Surgical Consultation, ODG

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

**Decision rationale:** The CA/ACOEM Guidelines recommend a surgical consultation for those who have 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 electrophysiological evidence consistently indicating the same lesion; and unresolved radicular symptoms after conservative treatment. The Official Disability Guidelines recommend discectomy/laminectomy when there is clear evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the cervical level and imaging/electrodiagnostic studies after 6-8 weeks of conservative care. For a fusion, there should be evidence of instability on x-rays. There was a lack of documentation showing that the injured worker has undergone all recommended conservative treatment options (such as physical therapy and injections) to support the requested intervention. In addition, there was no instability noted on x-rays and no electrodiagnostic studies were provided for review to validate that the injured worker has radiculopathy. Furthermore, the physical examination did not reveal any neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**Assistant Surgeon:** 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.

**In-Patient Hospital 1 Day In-Patient Stay:** 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.

**MRI Of the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The CAMTUS/ACOEM Guidelines recommend MRI when there is unequivocal findings identifying specific nerve compromise on the neurologic examination and after failure of conservative care. there was a lack of documentation showing a clear rationale for the medical necessity of an additional cervical spine MRI when there have been no apparent significant changes in the injured worker's condition to warrant additional imaging studies. In addition, the injured worker does not have any neurological deficits and has not failed conservative care. Therefore, the request would not be supported. As such, the request is not medically necessary.