

<b>Case Number:</b>	CM14-0028240		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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: California

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 57 year old male, who sustained an industrial injury on 04/04/2013 He has reported subsequent neck, back and upper extremity pain and was diagnosed with lumbago and cervicalgia. Treatment to date has included oral pain medication and physical therapy. The utilization review physician mentions several treating physicians' reports were reviewed from 2013, however these documents were not submitted for review. There is minimal medical documentation submitted and there were no physician progress notes submitted prior to the request for authorization. In a 4/16/2014 treating physician's note, the injured worker was noted to have continued severe cervical and lumbar pain with radiculopathy. Objective findings were notable for tenderness of the cervical and lumbar spine with spasm and positive Spurling's sign. The physician noted that the treatment plan was to continue physical therapy and pending cervical spinal surgery. On 02/10/2014, Utilization Review non-certified requests for C5-C7, possible C4-CS, anterior cervical microdiscectomy with implantation of hardware and realignment and possible reduction of listhesis, 2-3 day inpatient stay, co-surgeon, durable medical equipment (cervical collar, Minerva mini collar #1 and Miami J collar with thoracic extension #1, bone stimulator) and medical clearance,. The utilization review physician noted that there was limited evidence of neurologic findings and diagnostic testing to support the need for microdiscectomy and that disc replacement was considered controversial and was an unproven alternative to fusion surgery, and that therefore the requested surgical procedures along with the postoperative, perioperative and preoperative requests were not supported. MTUS, ACOEM and ODG guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C5 Through C7 Possible C4-5 Anterior Cervical Microdiscectomy With Implantation Of Hardware And Realignment And Possible Reduction Of Listhesis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Neck and Upper Back Procedure Summary

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non radiating pain or in absence of evidence of nerve root compromise. There is no evidence of significant nerve root compromise correlating with exam and no formal MRI report of the cervical spine for review based on the exam note of 4/16/14 . The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is non-certified.

### **Durable Medical Equipment: Cervical Collar, Minerva Mini Collar #1 And Miami J Collar With Thoracic Extension#1, Bone Stimulator: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

### **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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**2-3 Days Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Co-Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.