

<b>Case Number:</b>	CM15-0001895		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 54-year-old male who reported an injury on 04/23/2013. The mechanism of injury was a slip and fall while washing out a cattle trailer. The surgical history included a cervical discectomy 6 years prior to the request. The injured worker was noted to be a cigarette smoker. The injured worker underwent a left shoulder superior arthroscopic acromioplasty, Mumford, arthroscopic debridement of a superior labral anterior posterior tear and biceps tenodesis, as well as an open subpectoralis biceps tenodesis and debridement of a partial thickness rotator cuff tear on 05/8/2014. The injured worker underwent physical therapy for his left shoulder. The injured worker underwent an MRI of the cervical spine on 07/23/2014, which revealed at the level of C5-6, there was a 2 mm central disc protrusion with indentation to the ventral spinal cord. There was right greater than left uncovertebral and mild to moderate facet hypertrophy, right greater than. There was mild foraminal stenosis bilaterally. There was no central canal stenosis. The injured worker was noted to have minor levoconvex scoliosis. The injured worker was noted to have possible changes of the myelopathy to the cord. The documentation of 12/10/2014, revealed diagnoses of cervical stenosis and cervical herniated disc. The injured worker indicated his neck was bothering him the most. The injured worker had associated numbness and tingling in the bilateral hands and pointed to the radial 3 digits as the source of maximum numbness, tingling, and pain. The injured worker had biceps flexion of 4/5 strength. There was noted to be significant biceps weakness bilaterally. Sensation was decreased at the level of C5-6 bilaterally. The physician documented the injured worker had an MRI of the cervical spine, which revealed herniation at C5-6 with a 2 mm indentation of the

spinal cord. The treatment plan included the injured worker had a previous fusion at C6-7, and now had a herniation of the level of C5-6, with an indentation of the spinal cord. The physician opined an epidural injection was not of any value due to the size of the disc. It was documented the injured worker was a candidate for an anterior cervical discectomy and fusion to the level of C5-6, with removal of the old plate and instrumentation. Additionally, the request was made for a Nerve Conduction Study of the upper extremities for a baseline test. There was a request for authorization submitted for review.

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

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

#### **Anterior cervical discectomy and fusion to the level of C5-6 with removal of the old plate and new instrumentation: Upheld**

**Claims Administrator 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, Fusion

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological 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 efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. There was a lack of documentation of an exhaustion of conservative care. The clinical documentation submitted for review failed to provide electrophysiologic evidence to support the necessity for surgical intervention. Additionally, there was a lack of documentation there was a discussion regarding smoking cessation, as smoking can interfere with cervical fusion. The imaging supported the necessity for a surgical intervention. The physician documented the injured worker had significant biceps weakness, and sensation was decreased at C5-6 bilaterally. There was a lack of documentation of instability on flexion and extension studies. Given the above, the request for anterior cervical discectomy and fusion to the level of C5-6 with removal of old plate and new instrumentation is not medically necessary.

#### **Associated surgical service: Bone 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: cervical soft collar:** 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.

**Associated surgical service: cervical hard collar:** 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.

**Associated surgical service: cervical shower collar:** 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.

**Associated surgical service: NCS of the upper extremities at [REDACTED]:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Fusion

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

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or

both, lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of an exhaustion of conservative care. The injured worker was noted to have findings in a C5-6 distribution. There was a lack of documentation of an axial compression or Spurling's test. There was a lack of documentation indicating the injured worker's prior cervical examination. Given the above, and the lack of documentation, the request for associated surgical services, NCS of the upper extremities at [REDACTED], is not medically necessary.

**Associated surgical service: facility- 1 day stay at [REDACTED]: 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.