

<b>Case Number:</b>	CM15-0016572		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/25/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 64-year-old female who reported an injury on 05/25/2003. The injury reportedly occurred when her cleaning cart was struck by a bellboy loaded with luggage, and the cart was pushed into her stomach and pushed her against a wall, causing multiple injuries. An Agreed Medical Evaluation was performed on 10/23/2014. Upon review of her history, it was noted that the injured worker had an extensive history which included left knee surgery in 2007, right knee surgery in 2008, and a left small toe surgery in 2014. It was noted that she had previously attended physical therapy in her medical records; however, the injured worker did not recall attending therapy. It was also noted that she had been recommended for surgery on her neck and low back, but those had not been performed. Review of her past records did reveal that she had been treated with medications and activity modification. The medical examiner reviewed the injured worker's 05/08/2014 MRI of the cervical spine which revealed moderate disc degeneration at C5-6; mild to moderate spinal cord flattening centrally with stenosis at C4-5; mild to moderate spinal cord flattening centrally with stenosis and mild to moderate bilateral foraminal stenosis at C5-6; and mild central canal stenosis as well as mild to moderate left and moderate right foraminal stenosis at C6-7. A physical examination was performed and the injured worker's diagnosis was listed as degenerative disc disease of the cervical spine. Within the summary and conclusion section, the qualified medical examiner noted that based on her cervical spine x-rays, she is a possible candidate for cervical disc surgery. However, he indicated that he would not recommend that she proceed with such an operation due to her comorbidity of diabetes which results in an increased risk for numerous problems, the likelihood

of her sensory loss being related to diabetes rather than cervical compression and neuropathy; and as she had remarkable cervical mobility which would be significantly decreased with a fusion surgery and result in difficulty with activities of daily living. Despite these opinions, he indicated that a cervical disc surgery may be reasonable if the injured worker finds her symptoms progressively more intolerable. At her followup visit on 12/19/2014 with her orthopedic spine surgeon, the injured worker reported neck pain, rated 9/10. Her physical examination revealed significant tenderness to palpation of the paracervical muscles, and decreased and painful range of motion. She was also noted to have decreased motor strength to 4/5 throughout the bilateral upper extremities. Her sensory examination revealed decreased sensation in C5, C6, C7, and C8 distributions. Spurling's maneuvers were positive bilaterally. A recommendation was made for anterior cervical decompression and fusion with instrumentation at C4-5 and C6-7 due to her severe spinal cord compression at C4-5 and C5-6.

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

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

**Spinal C4-C5 and C5-C6 Anterior Cervical Decompression Fusion with assistant surgeon:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Myelopathy cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Surgical Assistant.

**Decision rationale:** A 01/09/2015 determination letter indicated that the requested surgery had been non-certified as the injured worker's myelopathy had not changed in several years, and there was no documentation that she had undergone even minimal conservative therapy. Additionally, the injured worker's diabetic status increased her risk for surgical complications and the guidelines do not recommend operative intervention with long term fixed neurological deficits, and the injured worker's deficits have been reported since at least 2003. In addition, it was noted that the injured worker had bilateral neuropathy, which the agreed medical examiner opined could be related to her diabetic neuropathy and no nerve compression. Moreover, the agree medical examiner opined that the injured worker still had fairly good mobility which would change with a fusion. A more recent followup note dated 01/19/2015 addressed the reason for the previous denial regarding her diabetic status and increased risk. It was noted that the injured worker does have a high risk and her blood sugar would need to get under better control after she undergoes a preoperative medical clearance by an internist who will be monitoring her medical care. According to the California MTUS/ACOEM Guidelines, spinal surgery may only be considered when serious spinal pathology and/or nerve root dysfunction has been unresponsive to at least 3 months of conservative therapy and is obviously due to a herniated disc. Documentation should show: severe and disabling radiating symptoms in a distribution consistent with abnormalities on imaging studies, as well as accompanying objective signs of neural compromise; activity limitations due to radiating extremity pain that have been

present for more than 1 month, or an extreme progression of radiating symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and the failure of at least 3 months of conservative treatment to resolve disabling radicular symptoms. Additionally, the guidelines state that spinal fusion may be considered when there is clear evidence of instability. The clinical information submitted for review indicated that the injured worker had an extended history of neurological deficits on physical examination, and significant pathology on recent MRI. However, the medical records submitted for review still do not include clear evidence of unresponsiveness to at least 3 months of initially recommended conservative therapy. Additionally, based on the injured worker's diabetic status which could result in neuropathy, her symptoms are not obviously due to a herniated disc. In addition, recent documentation indicated that she reported neck pain. However, a description of severe and disabling radiating symptoms in a distribution consistent with abnormalities on imaging studies were not documented. Moreover, she was noted to have positive Spurling's maneuvers bilaterally and decreased range of motion and sensation throughout the bilateral upper extremities. However, the widespread neurological deficits cannot be correlated with abnormalities on imaging studies at the requested levels to clearly demonstrate radiculopathy. Furthermore, the submitted documentation did not clearly outline severe progression of radiating symptoms or progressive neurological deficits or significant activity limitations due to radiating extremity pain. For these reasons, the request surgical intervention is not medically necessary.

**Medical Clearance Pre-op: 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.

**Post-op Neck brace cervical Spine: 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.

**12 sessions of Post op Physical Therapy cervical spine: 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.

**Post op bone growth 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.

**Inpatient Hospital 1-2 day 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.

**Intra-Operative Monitoring:** 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.