

<b>Case Number:</b>	CM15-0133809		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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

### 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 51 year old female, who sustained an industrial injury on 4/6/13. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical pain; radiculopathy; brachial neuritis or radiculitis; unspecified myalgia and myositis; cervicgia; degeneration of the cervical intervertebral disc; lumbago. Treatment to date has included status post left shoulder arthroscopy with acromioplasty, biceps tendon tenodesis Mumford procedure, lysis of adhesions with subacromial bursectomy, partial synovectomy, removal loose bodies (1/31/15); physical therapy; medications. Diagnostics studies included EMG/NCV study upper extremities (5/14/13); MRI left shoulder (5/7/15); MRI Lumbar Spine; MRI cervical spine (1/27/13). MRI cervical spine demonstrates at C5-6 3 mm broad based disc with mild right foraminal stenosis. Currently, the PR-2 notes dated 6/3/15 indicated the injured worker complains of neck pain with left upper extremity radiation with numbness and tingling around her foot, lower back pain with left leg radiation. She is an included status post left shoulder arthroscopy with acromioplasty, biceps tendon tenodesis Mumford procedure, lysis of adhesions with subacromial bursectomy, partial synovectomy, removal loose bodies on 1/31/15. Although, her neck pain problem seemingly is much more severe than the leg pain. She reports having surgery in her shoulder on the left side but continues to have persistent pain and getting worse. She has a clinical history of asthma, pre-diabetes and hypertension and reports all are managed with medications. An upper extremities examination notes diminished sensation in the left hand seemingly in the C6 dermatomal distribution. There is weakness and fasciculation in the biceps and latissimus dorsi muscle plus fasciculation intermittently developed in the pectoralis muscle. Strength is reduced in the grip on the left side to 4/5. Biceps strength

is reduced on the left to 4/5. She has a left-sided Hoffmann's sign. Neck extension aggravates the neck pain syndrome and produces apparent radiating pain into the left upper extremity. A MRI of the left shoulder dated 5/7/15 impression notes the acromion is Type I with mild proliferative changes seen in the acromioclavicular joint. There is a status post prior rotator cuff repair with acromioclavicular joint debridement and no evidence of a re-tear. There is a mild amount of fluid seen in the glenohumeral joint, tracking into the subcoracoid bursa consistent with bursitis. There is no leak into the subacromial space. The MRI scan of the cervical and lumbar spines were documented by the provider. The cervical spine MRI shows diffuse degenerative changes, rather mild across her cervical spine, however at C5-C6 there was a herniated disc and osteophyte formation producing a central canal and bilateral foraminal stenosis with some facet arthroplasty and disc height is significantly reduced. On the lumbar spine MRI he reports diffuse degenerative changes as well. The right-sided disc at L1-L2 is producing foraminal stenosis. It seems to be a relatively old disc with osteophyte formation around it. The central canal is not compromised. The other area is L5- S1 central protrusion around 3mm producing bilateral recess stenosis. The provider documents that she presented with most significant symptoms consistent with cervical radiculopathy in the C6 dermatomal distribution/myelopathy, increased reflexes, and positive Hoffmann's sign. The provider is requesting authorization of Cervical C5-C6 ACDF (Anterior cervical discectomy and fusion); Inpatient stay 2-3 days; postoperative rigid cervical collar and postoperative aquatic therapy 3 times a week for 6 weeks (18 sessions).

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

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

**Cervical C5-C6 ACDF (Anterior cervical discectomy and fusion): 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: Neck & Upper Back - Indications for surgery.

**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 correlating spinal cord compression explaining myelopathy at C5/6 from the cervical MRI of 1/27/13. 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 not medically necessary.

**Inpatient stay 2-3 days: 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 operative Rigid Cervical 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.

**Post operative Aqua therapy, 3 times wkly for 6 wks, 18 sessions:** 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.