

<b>Case Number:</b>	CM15-0137418		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	10/19/2005
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 45 year old male who sustained an industrial injury on 10-19-2005 resulting in injury to the neck, right wrist and bilateral elbows. Treatment provided to date has included: cervical spine fusion surgery (2008); right carpal tunnel release (2011); physical therapy; cervical epidural; steroid injections; medications; and conservative therapies and care. Diagnostic tests performed include: electrodiagnostic testing of the upper extremities (2006) showing moderate C7 radiculopathy with evidence of moderate active denervation in multiple left upper extremity muscles (per an evaluation report); MRI of the cervical spine (2007) with no results provided. Other noted dates of injury documented in the medical record include: 1992, 1993, 1995, and 09-2005. Comorbidities included asthma. On 05-16-2015, physician progress report noted complaints of persistent neck pain. The pain was rated 10 out of 10 in severity with radiating pain into both arms. Additional complaints included right arm pain rated 8 out of 10, left arm pain rated 10 out of 10, and back pain rated 10 out of 10. Current medications were not listed. The physical exam revealed no acute distress, no kyphosis or scoliosis deformity of the cervical spine, no swelling of the lymph node in the cervical spine, normal gait without assistive devices, tenderness to palpation in the paraspinal musculature of the cervical region, positive muscle spasms in the cervical spine bilaterally, restricted range of motion (ROM) in the cervical spine, spasms with ROM of the cervical spine, decreased sensation about the C6 dermatome on the left with normal sensation on the right, normal motor strength and reflexes in the upper extremities, negative clonus, normal circulation in the upper extremities, no chest wall tenderness or pain on compression, no sacroiliac tenderness upon compression, negative sciatic

nerve compression, negative Waddell signs, and heightened pain response is present. The provider noted diagnoses of C5-6 discogenic pain - status post C3-4 anterior cervical discectomy and fusion (2008), right wrist pain - status post carpal tunnel release 2010 and adjustment disorder with mixed anxiety and depression. Plan of care includes anterior cervical discectomy and fusion at C5-6, durable medical equipment, post-operative medications and physical therapy, pre-operative medical clearance, follow-up RN evaluation, 2 day inpatient stay and follow-up appointment. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: anterior cervical discectomy and fusion at C5-6 with cages, allograft and plate; associated surgical service: 2 day inpatient stay; pre-operative medical clearance; post-operative follow-up visit in 6 weeks; Ultram 50mg #60 with 3 refills; post-operative RN evaluation in the first 24 hours or day thereafter; Philadelphia soft collar; and 8 sessions of post-operative physical therapy.

### **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 at C5-6 with cages, allograft and plate:** 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): 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 MRI report attached demonstrating moderate to severe compression correlating with the patient's symptoms. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

**Associated surgical service: Inpatient stay x 2 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.

**Preoperative 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 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: Follow-up visit in 6 weeks:** 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.

**Ultram 50mg #60 x 3 refills:** 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.

**Postoperative RN evaluation in first 24 hours or day thereafter:** 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: Philadelphia 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: Aspen vista 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.

**Postoperative physical therapy x 8:** 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.