

<b>Case Number:</b>	CM15-0138266		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Illinois, California, 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:

This injured worker is a 58-year-old male who sustained an industrial injury on 7/2/10, relative to cumulative trauma as a firefighter. The 8/12/10 cervical spine MRI impression documented a predominantly right sided disc osteophyte complex at C5/6 causing right anterior canal narrowing and mild right neuroforaminal narrowing with no cord effacement. The 8/6/13 bilateral upper extremity EMG/NCV findings were consistent with active right C6 cervical radiculopathy and mild active denervation potentials present in two muscles of the right C6 myotomes. Conservative treatment included selective nerve root injection of C5-6, physical therapy, activity restrictions, and medications. The 8/6/13 cervical MRI impression documented mild spinal canal stenosis at the C5/6 and C6/7 levels with central canal narrowing to 8-9 mm in diameter secondary to a 2 mm disc bulge/osteophytic ridge complexes and grade 1 retrolisthesis at both of these levels. There was a 2 mm diffuse disc bulge at the C4/5 level with minimal disc bulge at the C7/T1 level without significant central canal stenosis. There was multilevel foraminal stenosis. The 6/22/15 treating physician report cited increased hip pain with activity. The diagnosis included cervical spine C5/6 osteophytes with radiculopathy per MRI, cervical radiculitis C6 on the right per EMG, plantar fasciitis, bilateral hip degenerative joint disease, and lumbosacral degenerative disc disease. There was a general discussion of the status of the claim, noting the injured worker was at maximum medical improvement for the cervical spine. The treatment plan indicated that the injured worker needed neck and lumbosacral surgery, which was very risky. The treatment plan included Ultram ER. The injured worker was retired.

Authorization was requested on 6/22/15 for cervical spine surgery. The 6/30/15 utilization review non-certified the request as the current records did not establish current subjective complaints, objective findings, or imaging studies to support a cervical spine surgery, and a non-specific surgical procedure cannot be recommended.

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

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

**Cervical Spine surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 4 Page 65. Work-Relatedness.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. Guideline criteria have not been met. This injured worker presents with a chronic history of neck pain and upper extremity pain and numbness. There is imaging evidence of C5/6 and C6/7 central canal stenosis and electrodiagnostic evidence of a right C6 radiculopathy. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. However, there is no current clinical exam evidence of a neurologic deficit correlated with imaging and electrodiagnostic findings. This request does not identify the specific surgical procedure being requested or the level(s) of surgical intervention. In the absence of this information the medical necessity of this request cannot be established. Therefore, this request is not medically necessary.