

<b>Case Number:</b>	CM15-0183132		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: New York, Montana, California  
 Certification(s)/Specialty: Neurological 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 49-year-old female who sustained an industrial injury on November 23, 2010. The worker is being treated for disc herniation C5-6 with spinal stenosis and neural foraminal narrowing; spondylosis C4-5, C6-7 status post ACDF at C4-5, C5-6 August 21, 2014, and possible nonunion at C5-6, C6-7 degenerative disc disease with associated neural foraminal narrowing and radiculopathy; cervical strain and CTR right wrist. Subjective: June 29, patient reporting, "Flare up in neck pain" and progressive worsening. She did report, "benefit from ACDF." She describes neck pain rated a "7" in intensity radiating down the right arm into hand with associated pain, numbness and tingling into middle and ring fingers. She also reports forearm pain and gets cramping. August 31, 2015, she reports her "neck pain has been getting worse," the pain radiates to the bilateral upper extremities with associated weakness and numbness. There is also noted complaint of "persistent right triceps pain," "right neck pain and into shoulders," then into "her middle fingers." She states the "pain is not tolerable and has been getting worse." Objective: June 29, 2015, "unchanged from initial consultation." There is note of tenderness to palpation periscap. The cervical spine muscle strength found "grossly intact bilaterally" with decreased sensation on entire right side. August 30, 2015, she is found with "normal" reflex and sensory evaluation with the exception for "weakness and numbness at bilateral C7;" "decreased bilateral triceps reflex," "mild cervical tenderness," cervical spine range of motion noted "decreased by about 20%," Spurling's test found positive bilaterally, Babinski's are downward bilaterally, and there were noted cervical muscle spasms. Diagnostics: MRI cervical spine February 2013 and August 2015 CT cervical spine August 2015, and radiographic

studies in April 2014, September 2014, February 2015, and August 2015. Treatments: status post- surgery August 21, 2014, therapy. On September 04, 2015, a request was made for exploration fusion, plate removal, ACDF cervical 6-7 with allograft, cage, plate and possible C5-6 nonunion, and an assistant surgeon which were modified by Utilization Review on September 09, 2015.

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

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

**Assistant surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgical assistant.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Fusion Chapter: Surgical Assistant.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The ODG guidelines recommends a surgical assistant with more complex operations of which cervical surgery qualifies. Therefore, the requested treatment is medically necessary and appropriate.

**Muscle stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrical muscle stimulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Fusion Chapter: Neuromuscular Electrical Stimulators (NMES).

**Decision rationale:** The Official Disability Guidelines do recommend NMES for spinal cord injured (SCI) patients that meet all of the following criteria: Intact lower motor units (L1 and below) (both muscle and peripheral nerve); AND Muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently; AND Able to demonstrate brisk muscle contraction to NMES and have sensory perception of electrical stimulation sufficient for muscle contraction; AND Possess high motivation, commitment and cognitive ability to use such devices for walking; AND Have demonstrated a willingness to use the device long-term; AND Ability to transfer independently and can demonstrate independent standing tolerance for at least three minutes; AND Ability to demonstrate hand and finger function to manipulate controls; AND Having at

least six-month post recovery spinal cord injury and restorative surgery; AND No hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis. Documentation shows the patient has not had a spinal cord injury. Therefore, the requested treatment is not medically necessary and appropriate.

**Hot/cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Heat/cold applications.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Replacement Chapter: Continuous-Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines do recommend continuous flow cryotherapy for extremities. However, the guidelines do not recommend continuous-flow cryotherapy in the neck. Therefore, the requested treatment is not medically necessary and appropriate.

**Post-op physical therapy, 12-sessions, 2 times a week for 6-weeks for the cervical spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Physical Therapy Guidelines.

**Decision rationale:** The Official Disability Guidelines, Physical Therapy Guidelines advocate an allowance for fading in the treatment frequency. They also advocate an active self-directed home physical therapy. The guidelines allow post-surgical treatment for fusion to be 24-visits over 16 weeks. The requested treatment is not medically necessary and appropriate as the documentation does not explain why fewer sessions are advocated and whether the principle of fading is included.