

<b>Case Number:</b>	CM15-0197170		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Minnesota, Florida  
 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 1-25-2010 and has had diagnoses including cervical disc disease, cervical radiculopathy, cervical spondylosis C5-C6 with bilateral foraminal stenosis, bilateral De Quervain's tenosynovitis and epicondylitis, and lumbar disc disease with radiculopathy. An MRI dated 3-13-2015 of the cervical spine was reviewed 8-19-2015 revealed 2-mm disc bulge at the C4-C5 level; and 3-4 mm disc bulge at C5-C6 with mild-to-moderate left neural foraminal stenosis. Radiographic impression from 7-2-2015 diagnosed cervical spondylosis, moderate at C5-6 and mild C6-C7. On 7-2-2015 the injured worker had reported ongoing neck pain worse with activity characterized as severe and radiating into both arms, especially the anterior right arm. She stated "both arms feel heavy." On 8-7-2015 objective findings described axial head compression and Spurling's sign, and facet tenderness on palpation at C4-C7. Right and left flexion was noted at 25 degrees and lateral rotation was 60 degrees on the right and 50 on the left. On 8-19-2015, the note states there was spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, but not over the spinous processes or occiput. At that visit, cervical range of motion was noted to be consistent with "normal" with right and left rotation at 80 degrees, and right and left flexion at 45, and "accomplished with no discomfort and spasm." 8-19-2015 right and left dermatomes for C5-T2 were reported as "intact." It was also noted that there was decreased sensation in the C6 and C7 dermatomes bilaterally, with no evidence of hypersensitivity. Additionally, lumbar examination 8-7-2015 revealed "limited" range of motion, tightness and tenderness over the lumbar paravertebral muscles, positive left-sided straight leg raises both seated and lying; and

decreased sensation in the L5 and S1 dermatomes on the left. Lower extremity muscle testing revealed 4 out of 5 plantar flexors and foot evertors S1 on the left, and positive Farfan test on the right and left. Documented treatment includes cervical steroid epidural injections in 2014 "without relief," right C5-C6 transfacet epidural steroid injection 6-27-2015, lumbar epidural injection from 6-13-2015 was noted to had provided 50-60 percent improvement for 6 to 8 weeks, but pain and radicular symptoms were returning, chiropractic treatment, Tylenol No. 3, Motrin, and Gabapentin. The physician has requested C5-6 anterior cervical discectomy and fusion, and a request was submitted for a one time home evaluation with a home health registered nurse for symptoms related to the lumbar spine. Documentation discussing rationale was not included with the provided medical records. Both requests were non-certified on 9-3-2015. The injured worker is presently not working and on disability.

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

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

#### **C5/6 anterior cervical discectomy and fusion (ACDF): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations, and Low Back Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** MRI scan of the cervical spine dated 3/13/2015 revealed at "C5-6: There is a 3-4 mm broad-based bulge with mild to moderate left neural foraminal stenosis and mild left greater than right central stenosis. At C4-5 there is a 2 mm broad posterior bulge or protrusion with mild central canal narrowing. The foramina are maintained. At C6-7 there was a 1-2 mm posterior bulge. There is slight central canal narrowing. The foramina are maintained." Per documentation dated April 7, 2015 examination of the cervical spine revealed no visible atrophy, scarring, ecchymosis or ankylosis. There was a normal lordotic curvature. There was no shoulder unleveling visualized. There was tenderness to palpation over the cervical spinous processes and supraspinous ligaments. There was palpable tenderness of bilateral cervical spine paraspinal musculature and trapezius muscles. There was palpable tenderness of bilateral suboccipital muscles. The patient reported cervical spine pain with range of motion. Flexion was 50 and extension 41. Right rotation was 68 and left rotation 72. Right lateral flexion was 31 and left lateral flexion 28. Axial compression, axial distraction were positive on the right and left. Spurling was negative bilaterally. Muscle strength was 5/5 in both upper extremities with the exception of the right deltoid and supraspinatus which was 4/5. Deep tendon reflexes were 2+ bilaterally. Sensation was normal with the exception of the median nerves bilaterally. California MTUS guidelines indicate surgical considerations for 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. In this case, the procedure requested is anterior cervical discectomy and fusion at C5-6. Clinical evidence of a C6 radiculopathy has not been documented. There is no loss of brachioradialis reflex. There is no weakness of radial wrist extension. There is no electrophysiologic evidence of radiculopathy. The MRI scan of the

cervical spine has revealed a 3-4 mm broad-based bulge at C5-6 with mild to moderate left neural foraminal stenosis and mild left greater than right central stenosis. Nerve root impingement has not been documented. As such, the requested C5-6 anterior cervical discectomy and fusion is not supported by guidelines and the medical necessity of the request has not been substantiated.

**Associated surgical service: 1 time home evaluation with home health registered nurse for symptoms related to the lumbar spine as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

**Decision rationale:** California MTUS chronic pain medical treatment guidelines indicate home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermittent basis generally up to no more than 35 hours per week. The documentation indicates that utilization review certified a 2 day hospitalization for the low back surgery. There is no indication that the injured worker will be homebound after discharge from the hospital. As such, the request for home health services is not supported and the medical necessity of the request has not been established.