

<b>Case Number:</b>	CM15-0197872		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Indiana, Oregon  
 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 34-year-old male, who sustained an industrial injury on 11-6-2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus (HNP), pseudoarthrosis-failure of lumbar fusion, lumbar post-laminectomy-fusion syndrome, history of C7-T1 disk herniation status post anterior cervical discectomy with fusion and plating 5-6-2011, cervical post spinal fusion syndrome, and probable pseudoarthritis-anterior cervical fusion-C7-T1. On 8-14-2015, the injured worker reported neck pain and bilateral upper extremity pain with current neck pain ranging from 5 out of 10 to 9 out of 10, usually 6 out of 10, with numbness and tingling primarily in the small and ring fingers of both hands. The Primary Treating Physician's report dated 8-14-2015, noted the injured worker had significant relief of his neck and arm pain for approximately three months after his anterior cervical discectomy and fusion (ACDF) at C7-T1 on 5-6-2011, in which he was wearing a brace and the perhaps for another two months he began to have neck and arm pain recurrent particularly with neck flexion. The physical examination was noted to show cervical range of motion (ROM) 75% of normal with traction relieving symptoms, minimal tenderness at the cervical thoracic junction and Spurling's sign elicited bilateral neck pain. The Physician noted a CT scan, which demonstrated a non-union at C7-T1 with radiographs completed in the office consistent with a non-union of the anterior plate fusion at C7-T1. The Physician noted the injured worker was clearly symptomatic from a non-union of the C7-T1 cervical fusion with intermittent radiculopathy and persistent neck pain at the cervical thoracic junction. Prior treatments have included a cervical fusion in 2011, activity modification, bracing, chiropractic

treatments, physical therapy, TENS, massage therapy, acupuncture, lumbar epidural steroid injections (ESIs), and medications including MS Contin, Percocet, and Baclofen. The treatment plan was noted to include a request for authorization for posterior cervical instrumentation and fusion with bilateral foraminotomies at C7-T1 with electromyography (EMG) to note what the current neurological deficit was. The request for authorization dated 8-25-2015, requested an electromyography (EMG), a posterior spinal fusion with instrumentation and bilateral lamino-foraminotomies C7-T1, an inpatient stay of 2-3 days, a neurosurgery assistant surgeon, a bone growth stimulator, intra-operative neurophysiologic spinal monitoring, cervical brace, and pre-op appointment with an ortho surgeon. The Utilization Review (UR) dated 9-9- 2015, modified the request for an electromyography (EMG) to an electromyography (EMG) of the right upper extremity, and denied the requests for a posterior spinal fusion with instrumentation and bilateral lamino-foraminotomies C7-T1, an inpatient stay of 2-3 days, a neurosurgery assistant surgeon, a bone growth stimulator, intra-operative neurophysiologic spinal monitoring, cervical brace, and pre-op appointment with an ortho surgeon.

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

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

**EMG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this case, the body region requested for EMG is not specified. Although likely approvable for the upper extremity, the request as submitted is not medically necessary.

**Posterior spinal fusion with instrumentation and bilateral lamino-foraminotomies C7-T1:** Upheld

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

**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.

**Decision rationale:** The CA MTUS/ACOEM is silent on indication for posterior cervical fusion. ODG neck is referenced. Cervical laminectomy and fusion: Under study. A posterior

fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. Although the addition of instrumentation is thought to add to fusion rate in posterior procedures, a study using strict criteria (including abnormal motion between segments, hardware failure, and radiolucency around the screws) reported a 38% rate of non-union in patients who received laminectomy with fusion compared to a 0% rate in a group receiving laminoplasty. The overall percent of cases with complications was 2.40% for anterior decompression, 3.44% for anterior fusion, and 10.49% for posterior fusion. In this case, the request is for a posterior fusion, a procedure that is not currently recommended by the guidelines. Additionally, clear evidence of the suspected non-union is not provided for review. The requested procedure is not medically necessary.

**Neurosurgery Assistant Surgeon: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op DME purchase: Bone growth stimulator: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Intra-operative neurophysiologic spinal monitoring: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op DME purchase: Cervical Brace: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre-op appointment with ortho surgeon:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Inpatient stay x 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.