

<b>Case Number:</b>	CM15-0023497		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: 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:

The injured worker is a 44-year-old male who reported injury on 01/12/2013. The mechanism of injury was the injured worker was lifting a hose off the ground to drain gasoline in an effort to avoid spilling the gasoline, the injured worker stepped over to choose 1 hose of 2 tangled up hoses full of gasoline. The 2 hoses weighed approximately 100 pounds each. The surgical history was not provided. Other therapies included chiropractic care and physical therapy. The documentation indicated the injured worker had undergone electrodiagnostic and nerve conduction studies which unofficially revealed severe C7-C8 radiculopathy with active denervation changes and mild to moderate carpal tunnel syndrome. There was no evidence of ulnar or radial neuropathy. The injured worker underwent x-rays of the cervical spine on 04/15/2013 which revealed no fracture. There was narrowing at C3-4, C4-5, and C5-6. The injured worker underwent an MRI of the cervical spine on 09/09/2013 which revealed congenital stenosis in the thecal sac, nonspecific straightening of the normal cervical lordosis query versus secondary to diffuse spondylitic changes. At the level of C4-5, there was a 2 mm to 3 mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. There was moderate canal stenosis. There was bilateral exiting nerve root compromise. At C5-6, there was a 2 mm to 3 mm posterior disc bulge resulting in moderate to severe right and severe left neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. There was moderate canal stenosis. There was bilateral exiting nerve root compromise. At C6-7, there was a 3 mm posterior disc bulge resulting in severe bilateral neural foraminal narrowing in conjunction with uncovertebral

osteophyte formation. There was moderate canal stenosis seen. There was bilateral exiting nerve root compromise. At C7-T1, there was a 3 mm to 4 mm posterior disc bulge with focal disc extrusion traveling 5 mm in a cranial direction resulting in severe bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Moderate canal stenosis was seen. Bilateral exiting nerve root compromise was seen. The physician documentation of 11/05/2014 revealed the injured worker had a lot of neck stiffness, neck pain, and upper extremity numbness and weakness in the bilateral hands with atrophy of the right upper extremity muscles, particularly in the triceps. The grip strength was significantly reduced in the bilateral hands. The injured worker had surgery on the right for carpal tunnel and ulnar nerve decompression. The injured worker was utilizing Norco. The physical examination revealed diminished sensation in the distal parts of the bilateral upper extremities, predominantly C6 and near anesthesia in the ulnar aspect of the forearm and 4th and 5th fingers on the right side. Reflexes were decreased on the bilateral upper extremities. There was significant atrophy of the triceps muscle on the left side with associated very significant weakness of 3/5. The rest of the muscle strength in the upper extremity groups was 4/5. Neck motion was markedly limited with pain and guarding. There was maximum foraminal compression testing causing pain ipsilaterally to the neck and upper/posterior shoulder. The diagnoses included C4-7 disc protrusions and degenerative disc disease with resultant radiculopathy and myelopathy. The recommendation was made for a C4-T1 discectomy with cord decompression followed by fusion and foraminotomies. The documentation indicated the injured worker had failed all conservative care and was not a candidate for epidural injections due to central canal stenosis and findings of myelopathy.

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

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

#### **Cervical Spine C4-T1 Anterior Cervical Discectomy and Fusion (ACDF): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker had significant objective findings upon physical examination. The documentation indicated the injured worker had failed conservative care. However, there was a lack of documentation of the specific conservative care that was trialed and failed. The duration of conservative care was not provided. Additionally, the official electrodiagnostic study and the

official MRI were not provided for review. As such, this surgical intervention would not be supported. Given the above, the request for cervical spine C4-T1 anterior cervical discectomy and fusion (ACDF) is not medically necessary.

**Pre-op 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.

**Inpatient stay 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.

**Post-op Aqua Therapy 3x week x 6 weeks Cervical Spine:** 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.

**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.