

<b>Case Number:</b>	CM15-0023554		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/27/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/21/2015
<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 58-year-old female who reported an injury on 09/27/2009. The mechanism of injury was the injured worker was stacking cases from 1 pallet to another over a week's time and developed pain in the neck and shoulder. Prior treatments included activity limitations, anti-inflammatories, analgesic medications, physical therapy, massage therapy, and epidural steroid injections. There was a Request for Authorization submitted for review dated 12/31/2014. The documentation of 11/20/2014 revealed the injured worker had an MRI of the cervical spine on 10/03/2012. The documentation further indicated the injections provided minimal relief. The medications were noted to include aspirin, simvastatin, Toprol, and hydrochlorothiazide. The surgical history revealed bilateral knee replacements. The injured worker was noted to be a nonsmoker. The physical examination revealed the injured worker's neck was supple without lymphadenopathy. The cervical spine examination revealed the injured worker had tenderness in the trapezia bilaterally. The injured worker had full range of motion of the cervical spine in flexion without neck pain and 75% of range of motion of the cervical spine in extension, bilateral lateral flexion, and bilateral rotation accompanied by neck pain. There were no radiating symptoms. The shoulder strength motor strength was 5/5. There was numbness in the left dorsal forearm, index, long, and ring fingers. The injured worker had a negative Adson's test and had compression test. The documentation indicated the injured worker underwent electrodiagnostic studies, which revealed bilateral carpal tunnel syndrome with no evidence of radiculopathy on 09/24/2013. The injured worker underwent an MRI of the cervical spine with decreased cervical lordosis. There was desiccation and moderate loss of disc height at

C5-6 associated with a broad based central disc protrusion resulting in mild central canal narrowing and moderate bilateral foraminal stenosis. There was a small disc protrusion at C6-7 with mild central narrowing and mild to moderate neural foraminal stenosis. The documentation indicated the injured worker's pain had failed to improve with conservative care, including activity restrictions, physical therapy, anti-inflammatory and analgesic medications, and 2 epidural steroid injections. The physician opined the injured worker was a candidate for anterior cervical discectomy and fusion at C5-6 and C6-7.

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

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

#### **Anterior Cervical Discectomy and fusion C5-6, C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Surgical Considerations: A. Cervical Nerve Root Decompression.

**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 injured worker had failed conservative care. The clinical information submitted for review per the MRI, that the injured worker had a left central protrusion mildly flattening the anterior thecal sac without indenting the cord. There were no findings suggestive of nerve impingement. There were no electrophysiologic studies to support radiculopathy. There were no specific myotomes and dermatomes were not identified to support radicular findings. Given the above, the request for anterior cervical discectomy and fusion C5-6, C6-7 is not medically necessary.

#### **Vista Cervical Collar: Upheld**

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

**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.

**DJO Spinalogic Bone Growth 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: Neck & Upper Back (updated 11/18/14), Low Back (updated 01/14/15) bone growth stimulator (BGS).

**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.