

<b>Case Number:</b>	CM15-0027529		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 51-year-old male who reported an injury on 08/01/2014. Prior therapies included a fusion with hardware placement at C5-7. The mechanism of injury was a motor vehicle accident. The injured worker underwent a CT of the cervical spine without contrast on 08/01/2014 which revealed no evidence of acute fracture or subluxation. The injured worker underwent an MRI of the cervical spine on 11/02/2014 which revealed at C4-5, there was a broad based disc herniation 5.6 mm with a prominent central component causing spinal canal stenosis and cord compression. There were concurrent bilateral uncovertebral degenerative joint changes. There was deformity of the bilateral C5 exiting nerve roots. There was disc desiccation at C4-5 and C7-T1 with associated fusion of disc height at C5-6 and C6-7. The documentation of 01/08/2015 revealed the injured worker was in the office since last being seen on 10/09/2014. The injured worker had a diagnosis of cervical stenosis. The injured worker was noted to have no new onset of weakness or numbness. There was mild tenderness to palpation over the cervical paraspinals. There was no increased pain with percussion of the spine. Cervical range of motion was 50% of normal. The Spurling's sign was negative. The injured worker's strength was 5/5 in the bilateral upper extremities. The deep tendon reflexes were 3/5 to 4/5. There was decreased sensation diffusely in C5 and distally of the upper extremity. The injured worker had a markedly positive bilateral Hoffmann's. The diagnosis included cervical stenosis. The treatment plan included a removal of the majority of bone at C5-6 and C6-7 with large cases placed there and a decompression of the area. No Request for Authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Posterior fusion at C4-C5, QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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. There would be no need for electrophysiologic evidence to support the necessity for a fusion. The injured worker was noted to have decreased sensation at C5. The MRI revealed degenerative changes causing stenosis of the bilateral neural foramen and disc material abutting the anterior aspect of the spinal cord at C7-T1. However, there was a lack of documentation indicating the injured worker had conservative care and if conservative care was provided, the specific conservative care and duration was not provided. There was a lack of documentation indicating instability upon flexion and extension studies. Additionally, there was no prescription dated 01/06/15 provided for review. The physician documentation was dated 01/08/2015. Given the above, the request for Posterior fusion at C4-C5, QTY: 1.00 is not medically necessary.

### **Posterior fusion at C5-C6 and C6-C7, QTY: 2.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 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. There would be no necessary for

electrophysiologic evidence to support the necessity for a fusion. The injured worker was noted to have decreased sensation at C5. The MRI revealed degenerative changes causing stenosis of the bilateral neural foramen and disc material abutting the anterior aspect of the spinal cord at C7-T1. However, there was a lack of documentation indicating the injured worker had conservative care and if conservative care was provided, the specific conservative care and duration was not provided. There was a lack of documentation indicating instability at all requested levels upon flexion and extension studies. Additionally, there was no prescription dated 01/06/15 provided for review. The physician documentation was dated 01/08/2015. Given the above, the request for Posterior fusion at C5-C6 and C6-C7, QTY: 2.00 are not medically necessary.

**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 (unspecified duration):** 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.