

<b>Case Number:</b>	CM15-0035328		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

Certification(s)/Specialty: Pediatrics, Neurological 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 46-year-old female who reported an injury on 04/15/2009. The mechanism of injury was a fall. The injured worker's diagnoses included cervical spine HNP, cervical spine radiculopathy, and cervical spine degenerative disc disease. The injured worker's past treatments included chiropractic physiotherapy and medications. The injured worker's diagnostic testing included an MRI of the cervical spine dated 07/30/2014, which was noted to reveal a syrinx cavity lower cervical upper thoracic cord, C7-T2, measuring 3.6 cm cephalocaudal dimension; 3 mm AP dimension. X-rays of the cervical spine revealed moderate to severe disc space narrowing at C5-6 and C6-7 with anterior vertebral body osteophyte formation. There was reversal of cervical spine curvature. On 02/04/2015, the injured worker complained of neck pain with bilateral shoulder symptoms. She reported an 80% increase in pain, stating pain in her shoulder was intolerable. She reported the pain was preventing her from sleeping. She reported that she last worked on 02/10/2014. She reported 2 corticosteroid injections to the left shoulder with temporary pain relief and no allergic reaction. She rated her pain a 9/10 to 10/10 on a pain scale. She reported numbness in the pinky and ring fingers of each hand. She reported attempting to clean a window or vacuum exacerbates the pain. Upon physical examination, the injured worker was noted with decreased range of motion to the cervical spine in all planes, especially extension. Extension was limited to 10 days degrees due to pain. There was tenderness present in the cervical spine midline and paraspinal musculature, right greater than left. There was spasm noted. Sensation was diminished to light touch and pinprick in the left C7 dermatome. Motor strength was normal. Spurling's test was negative bilaterally. The

injured worker's medications included Norco 7.5/325 mg and Flexeril 7.5 mg. The request was for an anterior cervical decompression and fusion at C5-6, pre-op clearance history and physical, pre-op clearance EKG, pre-op clearance chest x-ray, pre-op clearance labs. The rationale for the request was not clearly provided. The Request for Authorization form was signed and submitted on 12/02/2014.

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

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

#### **Anterior Cervical Decompression and Fusion at C5-6: 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): 179-181.

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate 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 reported continued neck pain and was noted with decreased range of motion and sensation in the cervical spine. However, in the absence of documentation with sufficient evidence of recent tried and failed conservative care (physical therapy, home exercise, injection and medications), evidence of spinal instability, the request is not supported. As such, the request is not medically necessary.

#### **Pre-op Clearance: History & Physical: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 11th Edition, 2013, Low Back Chapter.

**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.

#### **Pre-op Clearance: EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 11th Edition, 2013, Low Back Chapter.

**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.

**Pre-op Clearance: Chest X-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 11th Edition, 2013, Low Back Chapter.

**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.

**Pre-op Clearance: Labs (Chem Panel, CBC, UA, APTT, PT, Type & Screen):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment Index, 11th Edition, 2013, Low Back Chapter.

**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.