

<b>Case Number:</b>	CM15-0064762		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/27/2002
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 45 year old female, who sustained an industrial injury on October 27, 2002. Treatment to date has included MRI of the cervical spine, non-steroidal anti-inflammatory medications, oral analgesics and epidural steroid injections. Currently, the injured worker complains of persistent pain in her neck with radiation of pain to the bilateral arms. She reports the pain is worse with overhead activities and she has referred pain into the shoulder blades at times. On physical examination the injured worker's range of motion of the neck is 25 degrees and extension is to 15 degrees. Right and left lateral bending are equal and symmetric to 25 degrees and rotation to 60 degrees. She has no focal neurological deficits on motor or sensory evaluation. An MRI dated June 20, 2012 revealed extruded disc in the C5-6 region with focal spinal stenosis at C5-6 region of the cervical spine. She has significant disc space narrowing of 50% at the C5-6 region of the cervical spine with moderate uncinated arthropathy. The diagnoses associated with the request include C5-C6 cervical disc herniation with associated moderate cervical and mechanical neck pain. The treatment plan includes anterior cervical disc excision and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Anterior cervical disc extension and fusion at C5-C6 level: 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), Neck and Upper Back Chapter, Cervical fusion.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Acute & Chronic), Fusion, anterior cervical.

**Decision rationale:** ACOEM states concerning cervical fusion, "Indications clear for failed conservative treatment and history, exam, and imaging consistent for specific lesion." This is an ACOEM recommendation. ACOEM recommendation is, "Panel interpretation of information not meeting inclusion criteria for research-based evidence." ODG Criteria for Cervical Fusion recommended Indications are: (1) Acute traumatic spinal injury (fracture or dislocation) resulting in cervical spinal instability. (2) Osteomyelitis (bone infection) resulting in vertebral body destruction. (3) Primary or metastatic bone tumor resulting in fracture instability or spinal cord compression. (4) Cervical nerve root compression verified by diagnostic imaging (i.e., MRI or CT myelogram) and resulting in severe pain OR profound weakness of the extremities. (5) Spondylotic myelopathy based on clinical signs and/or symptoms (Clumsiness of hands, urinary urgency, new-onset bowel or bladder incontinence, frequent falls, hyperreflexia, Hoffmann sign, increased tone or spasticity, loss of thenar or hypothenar eminence, gait abnormality or pathologic Babinski sign) and Diagnostic imaging (i.e., MRI or CT myelogram) demonstrating spinal cord compression. (6) Spondylotic radiculopathy or nontraumatic instability with All of the following criteria: (a) Significant symptoms that correlate with physical exam findings AND radiologist-interpreted imaging reports. (b) Persistent or progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain, despite 8 weeks conservative therapy with at least 2 of the following: Active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources (e.g., an NSAID, muscle relaxant or tricyclic antidepressant); Medical management with oral steroids, facet or epidural injections; Physical therapy, documented participation in a formal, active physical therapy program as directed by a physiatrist or physical therapist, may include a home exercise program and activity modification, as appropriate. (c) Clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities of work or at-home duties. (d) Diagnostic imaging (i.e., MRI or CT myelogram) demonstrates cervical nerve root compression, or Diagnostic imaging by x-ray demonstrates Instability by flexion and extension x-rays; Sagittal plane translation greater than 3mm; OR Sagittal plane translation greater than 20 percent of vertebral body width; OR relative sagittal plane angulation greater than 11 degrees. (e) Not recommend repeat surgery at the same level. (f) Tobacco cessation: Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. (g) Number of levels: When requesting authorization for cervical fusion of multiple levels, each level is subject to the criteria above. Fewer levels are preferred to limit strain on the unfused segments. If there is multi-level degeneration, prefer limiting to no more than three levels. With one level, there is approximately an 80 percent chance of benefit, for a two-level fusion it drops to around 60 percent, and for a three-level fusion to around 50 percent. But not fusing additional levels meeting the criteria, risks having to do future operations. (h) The decision on technique (e.g., autograft versus allograft, instrumentation) should be left to the surgeon. The medical documentation provided does not indicate any findings of instability, spinal cord injury or tumor as outlined in the above guidelines. The most recent MRI, previous MRI, or EMG results from 2012 were not submitted for review. The treating physician has not

provided documentation of abnormal neurological findings that would indicate nerve root involvement. As such, the request for Anterior cervical disc extension and fusion at C5-C6 level is not medically necessary.

**12 postoperative physical therapy sessions for the cervical spine for evaluation and treatment, 3x4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): s 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

**Decision rationale:** MTUS refers to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with, Cervicalgia (neck pain); cervical spondylosis equals 9 visits over 8 weeks, Sprains and strains of neck equals 10 visits over 8 weeks. Post-surgical treatment (fusion, after graft maturity) recommends 24 visits over 16 weeks. Regarding physical therapy, ODG states, "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do not indicate any prior physical therapy. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. Additionally, the requested surgery has been deemed not medically necessary, so the post-operative therapy requested would also not be medically necessary. As such, the request for 12 postoperative physical therapy sessions for the cervical spine for evaluation and treatment, 3x4 weeks is not medically necessary.