

<b>Case Number:</b>	CM15-0085281		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: New York

Certification(s)/Specialty: 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 79-year-old male, who sustained an industrial injury on 1/25/13. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc displacement. Treatment to date includes a cervical injection (5/30/13). Diagnostics included cervical spine MRI (10/31/13 and 9/24/14). Currently, the PR-2 notes dated 3/17/15 indicated the injured worker came to the office as a follow-up regarding the requested cervical surgery that has been denied. He has a C5-6 and C6-7 disc degeneration and the provider states his radiculopathy has been documented many times on examination and in reports. The provider documents he has decreased sensation, reflex changes and need the surgery as he is not going to get any better and is slowly deteriorating secondary to his lack of care. The provider notes an AME agreed with the surgery and a second opinion doctor as well. Current findings on physical examination of the cervical spine: pain on extension and rotation, no focal deficits, 1+ pulses, 5/5/ motor examination, and paraspinal spasm is present. He has good range of motion of the hips, knees and ankles. There is weakness with shoulder abduction test, decreased sensation in the C6 and C7 nerve root distributions with sensory loss. He has no clubbing or cyanosis and no Hoffman's, Lhermitte's, Adson's or Wright's test. The impression documented by the provider is disc degeneration lumbar spine, facet arthropathy, status post conservative treatment. He has C5-6 and C6-7 kyphosis, disc degeneration, foraminal stenosis with radicular symptomology on examination. A cervical spine MRI was submitted with the medical documentation and it is dated 9/24/14. The impression notes "Mild multilevel degeneration disc disease of the cervical spine. The study reveals a mild left neural foraminal stenosis at C4-C5 level with multilevel

degenerative changes stable compared to previous exam and no evidence of significant central canal stenosis." This report goes on to document "C5-C6: There is minimal bulging of the disc. The central canal and neural foramen are patent. C6-C7: There is minimal bulging of the disc without stenosis." The PR-2 notes dated 9/29/14 indicates the injured worker has failed conservative treatment including injection 5/30/13 (no report or type of injection: facet or epidural). PR-2 notes dated 12/22/14 indicate the injured worker has a well-healed anterior cervical fusion but does not elaborate on the level or when this took place. There is no report. It also notes the injured worker is a status post cardiac double bypass surgery (no date or report). The provider is again requesting: Anterior cervical decompression/discectomy fusion at C5-C6 and C6-C7 with microscope; Assistant Surgeon; inpatient Stay for 2-3 days; Post-operative hospital visits; Post-operative home physical therapy 2 times a week for 4 weeks; Registered nurse evaluation for wound check with possible home health aide service 2-3 hours a day 2-3 times a week for 4 weeks; Pre-operative labs: comprehensive metabolic panel (CMP), prothrombin time (PT), partial thromboplastin time (PTT), complete blood count (CBC), Urinalysis (UA), electrocardiogram (EKG), and chest x-rays; Pre-operative clearance with internal medicine doctor and Purchase of cervical hard collar and soft collar.

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

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

#### **Anterior Cervical Decompression/Discectomy Fusion at C5-C6 and C6-C7 with Microscope: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. Upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the requested treatment is not medically necessary and appropriate.

**Assistant Surgeon: 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 (2-3 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.

**Pre-Operative Labs: CMP, PT/PTT, CBC, UA, EKG, and Chest X-Rays: 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.

**Pre-Operative Clearance with Internal Medicine Doctor: 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-Operative Hospital Visits: 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.

**Cervical Hard Collar and Soft Collar (purchase): 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-Operative in Home Physical Therapy (8-sessions, 2 times a week for 4 weeks):** 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.

**Registered Nurse Evaluation for Wound Check with Possible Home Health Aide Services (2-3 hours a day 2-3 times a week for 4 weeks):** 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.