

<b>Case Number:</b>	CM14-0118099		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Neurology Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 this 65-year-old gentleman was reportedly injured on June 20, 2010. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note dated August 12, 2014, indicates that there were ongoing complaints of neck pain and bilateral upper extremity pain with tingling in the hands. The physical examination demonstrated slightly decreased range of motion of the cervical spine with normal strength and a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine, dated August 8, 2013, indicated multilevel degenerative changes with a loss of disc height at C5 - C6 and C6 - C7. Upper extremity nerve conduction testing indicated evidence of mild to moderate right median mononeuropathy indicating carpal tunnel syndrome. Previous treatment includes chiropractic therapy, acupuncture, heating pads, epidural steroid injections and oral medications. A request had been made for an anterior cervical discectomy and fusion at C5 - C6 and C6 - C7, preoperative medical clearance, postoperative physical therapy and Duexis 800mg and was not certified in the pre-authorization process on July 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy with fusion at C5-C6 and C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines,

neck and upper back, discectomy-laminectomy-laminoplasty, indications for surgery - discectomy/laminectomy (excluding fractures) and fusion, anterior and cervical sections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, Anterior Cervical, (Updated August 4, 2014).

**Decision rationale:** According to the Official Disability Guidelines the criteria for cervical fusion includes evidence of nerve root compression on an MRI and symptoms that correlate with physical examination findings and radiology interpreted imaging. A review of the medical records indicates that nerve conduction studies of the upper extremities did not indicate any cervical radicular findings. Additionally, an MRI of the cervical spine interpreted by radiology also does not indicate any potential neurological involvement. Furthermore there is a normal upper extremity neurological examination. Considering this, the request for an anterior cervical discectomy and fusion at C5 - C6 and C6 - C7 is not medically necessary.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Testing, General, (Updated August 22, 2014).

**Decision rationale:** As the accompanying request for a cervical spine surgery has been determined not to be medically necessary so is this request for preoperative medical clearance.

**Post-operative physical therapy, two sessions per week for one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy, (Updated August 4, 2014).

**Decision rationale:** As the accompanying request for a cervical spine surgery has been determined not to be medically necessary, so is this request for postoperative physical therapy two sessions per week for one month.

**Duexis 800 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, duexis (ibuprofen & famotidine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 70.

**Decision rationale:** The California MTUS Guidelines do not specifically address the medication Duexis (Ibuprofen/Famotidine); however, non-steroidal anti-inflammatories are considered traditional first-line of treatment to reduce pain and inflammation to increase function. GI side effects and adverse events associated with NSAIDs can be decreased with H-2 receptor antagonist; however, there is no record that the injured employee has a complaint of gastrointestinal symptoms. As such, this request for Duexis 800 mg is not medically necessary.