

<b>Case Number:</b>	CM14-0128698		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Orthopedic 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:

This is a 41-year-old female who sustained a vocational injury on 06/14/11 while moving a bed. The medical records provided for review included an office note dated 08/04/14 noting that the injured worker had failed conservative care with non-operative measures such as activity restrictions and continued to have significant cervical spine pain. She had undergone carpal tunnel compression surgery, but still had numbness. Examination documented a positive right Spurling's maneuver and a grade IV left wrist extensor. It was documented that the injured worker had discopathy degenerative disc disease and disc protrusion in the cervical spine at two levels with visible posterior osteophytes. It was noted that she was unable to function and definitely a candidate for a two-level anterior cervical discectomy and fusion with spur removal and plate fixation. The previous office note from 06/23/14 documented that the injured worker had an epidural injection on 10/06/01; the level of the injection and response to that injection was not provided. The office note documented a diagnosis of cervical strain and arthrosis with C5-6 and C6-7 disc bulges with left neural foraminal stenosis and lumbosacral strain/facet arthrosis at L4-5. The EMG and nerve conduction studies on 11/11/11 showed normal EMGs in both the upper and lower extremities in the cervical and lumbosacral paraspinous muscles bilaterally. This was an abnormal nerve conduction study due to mild slowing of the median sensory conduction velocities of the carpal tunnel on the left and moderate slowing on the right. At that time, she complained of neck and low back pain, which is described as dull, throbbing, burning, and pressure like sensation. There was radiation of pain from the neck to the left arm with complaints of numbness and tingling in the neck. Conservative treatment to date has included Tylenol, narcotics, acupuncture, chiropractic therapy and home exercise program. The exam on 06/23/14 showed tenderness in the paraspinous muscles of the cervical region on the left. There was midline tenderness noted in the cervical and lumbar region on the right and left. Muscle

spasm was noted in the cervical region on the left. Flexion demonstrated 20 degrees, extension 15 degrees, rotation to the right 15 degrees and rotation to the left 10 degrees, tilt to the right 15 degrees and tilt to the left 10 degrees. She had spasm on cervical range of motion. Sensory testing with pinwheel to light touch is decreased in the C5-6 and C6-7 distribution on the left. Motor exam showed 4/5 and was weak with the left wrist extensor. Reflexes were within normal limits bilaterally. Spurling's test was positive on the right. The injured worker was given a diagnosis of C5-6 and C6-7 herniated nucleus pulposus. The current request is for a C5-6 and C6-7 anterior cervical discectomy and fusion and plate fixation.

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

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

#### **C5-C6-7 Anterior cervical discectomy and fusion, plate fixation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & upper back procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter: Fusion, anterior cervical.

**Decision rationale:** ACOEM Guidelines recommend that prior to considering surgical intervention, there should be severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. There should be clear clinical, imaging, electrophysiologic evidence consistently indicating the same lesions that have been shown to benefit from surgical repair in both the short and long term. The medical records reveal that the most recent diagnostic studies available for review are nearly three years old and fail to confirm cervical radiculopathy at the C5-6 and C6-7 level. In addition, there is a lack of documented instability on physical exam and diagnostic study, which is an ACOEM criteria prior to considering the cervical fusion. The Official Disability Guidelines recommend that tobacco cessation is required prior to considering cervical fusion and currently there is no documentation of the injured worker's current smoking status. Therefore, based on the documentation presented for review and in accordance with MTUS ACOEM Guidelines and Official Disability Guidelines, the request is not medically necessary.

#### **Post-op physical therapy 2x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op 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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**2 Day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter: Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Surgical assistant.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.