

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0131134 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 07/02/2008 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 07/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 Texas. 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 54-year-old female who reported an injury on 07/02/2008. The mechanism of injury was not provided. The injured worker's prior treatments included medication, activity modification, and physical therapy. The injured worker underwent an MRI of the cervical spine without contrast on 07/01/2013 with an official read which revealed at the level of C5-6 there was a central disc protrusion measuring approximately 4.5 mm with ventral impression on the thecal sac. There was mild right sided neural foraminal narrowing suspected. The left neural foramen and spinal canal were patent. At C6-7, there was a broad based disc bulge measuring up to 4 mm with ventral impression on the thecal sac noted. This resulted in moderate right neural foraminal stenosis, mild spinal canal stenosis, and mild left neural foraminal stenosis. The mechanism of injury was a cumulative trauma. The injured worker underwent a tendon release on the right thumb on 03/10/2011. The documentation of 06/12/2014 revealed the injured worker had complaints of neck pain and stiffness as well as upper extremity weakness. The injured worker was noted to have progressive weakness within the past several months as well as difficulty with balance. The documentation indicated the injured worker was getting worse. The injured worker's medical history included borderline diabetes. The physical examination of the upper extremities revealed the injured worker had a congenital mal-development of the right hand with no fingers and some mal-development of the left hand as well. The injured worker had a right definitive numbness consistent with C6 dermatomal distribution. The injured worker had weakness on the left side and grip. There was some muscle atrophy in the muscle responsible for wrist flexion and extension bilaterally and in the biceps. The injured worker had increased reflexes to 3+ and the injured worker had intermittent left sided Hoffman's sign. The documentation indicated in Romberg, the injured worker was grossly unstable and had a tendency to fall backwards. The documentation indicated

the physician reviewed the MRI and interpreted the MRI as follows: The injured worker's MRI showed severe canal stenosis due to degeneration and disc herniation at C5-6 and C6-7 as well as signs of myomalacia of the spinal cord at C5-6, most likely the result of continuous ongoing compression of the cord. The diagnoses included clinically symptomatic and examination consistent with cervical myelopathy and cord compression. The treatment plan included a C5-6 and C6-7 discectomy with resection of osteophytes, partial corpectomy, and decompression of the spinal cord followed by fusion. There was no Request for Authorization submitted for review.

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

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

#### **C5-C6 and C6-C7 discectomy with resection of osteophytes, partial corpectomy and decompression of the spinal cord followed by fusion: 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 (ODG), Fusion, anterior cervical

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms with activity limitation for more than 1 month or an extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term and unresolved radicular symptoms after receiving conservative treatment. The physician opined that the injured worker's MRI showed severe canal stenosis due to degeneration and disc herniation at C5-6 and C6-7 as well as signs of myomalacia of the spinal cord at C5-6, most likely the result of continuous ongoing compression of the cord. The clinical documentation submitted for review indicated the injured worker had a ventral impression on the thecal sac with a patent spinal canal and left neural foramen at C5-6. There was ventral impression on the thecal sac with mild spinal canal stenosis at C6-7. There was no noted compression on the spinal nerves. There was no electromyography or nerve conduction study submitted for review to support the objective findings upon physical examination. There was a lack of documentation of a failure of conservative care. Given the above, the request for C5-C6 and C6-C7 discectomy with resection of osteophytes, partial corpectomy and decompression of the spinal cord followed by fusion is not medically necessary.

**Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-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.

**Rigid cervical spine collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper 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.

**Post-op aquatic therapy 3 x 6 to the cervical spine x 18 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation ODG, Neck and Upper 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.