

Case Number:	CM14-0137384		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2010
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Spine Surgeon 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 51-year-old female who reported an injury on 03/13/2010. The injured worker had an anterior cervical discectomy and fusion of C3-4 and postoperative facet blocks at C4-6 and subsequent radiofrequency ablation. The injured worker had a Computed Tomography (CT) of the cervical spine without contrast on 10/21/2013 which revealed a redemonstrated small disc bulge and mild right sided facet arthropathy resulting in unchanged mid right sided neural foraminal stenosis at C4-5. At C6-7, there was a postoperative metal streak artifact obscuring the visualization of portions of the spinal canal. There was a left sided endplate spurring and uncovertebral joint hypertrophy resulting in unchanged mild to moderate left side neural foraminal stenosis. The documentation indicated the injured worker underwent electrodiagnostics on 12/18/2013, which revealed bilateral median neuropathy localized across the lateral wrists affecting only the median sensory components. The right deltoid showed isolated chronic neuropathic findings suggestive of a chronic C5-6 radiculopathy. Prior treatments included physical therapy. The documentation of 07/14/2014 revealed the injured worker was experiencing severe pain primarily in the neck and left sacroiliac joint. The injured worker was noted to be utilizing medications fentanyl patches, oxycodone 10 mg, and Lorazepam. The injured worker had severe neck pain radiating into the head and the shoulders with numbness and tingling from the elbows through the forearms into the hands and fingers rated 7/10 to 8/10 on the Visual Analog Scale. Physical examination revealed there was evidence of tenderness over the cervical and thoracic junction. The injured worker's sensation was intact in the bilateral upper extremities to light touch and pinprick. The injured worker had decreased range of motion of the cervical spine. Motor strength was 5/5 and the reflexes were 2+ bilaterally. Diagnostic studies included the injured worker had cervical spine x-rays on 10/01/2013, which revealed at C5-6, the TDA was in good position with no instability. At C6-7,

there was a solid fusion with cage and endplate in good position. At C3-4, there was a cage endplate with a solid progressive fusion and no evidence of loosening or fracture, and at C4-5, there was maintained disc height. The CT scan of 10/21/2013 revealed the injured worker had normal cervical curvature and cervical alignment was within normal limits. There was no fracture identified within the cervical spine and no facet dislocation. There was partial fusion of the left C3-4 facets and an interval that was increased compared to the prior examination. Additionally, as seen on the prior examination, there was prior artificial disc replacement at C5-6 and anterior cervical discectomy and fusion at C6-7. There was interval anterior cervical discectomy and fusion at C3-4. There were identified areas of bony bridging along the central portion and lateral margins of the interbody graft at C6-7 as well as some areas of bony bridging and incorporation of the interbody graft at C3-4. There was no periscrew lucency or screw fracture. There was no significant lucency surrounding the artificial disc. The physician documented the injured worker's Electromyography/Nerve Conduction Velocity (EMG/NCV) of the bilateral upper extremities on 03/27/2014 revealed neuropathic findings suggestive of chronic C5-6 radiculopathy. The diagnoses included C5-6 and C6-7 stenosis and disc degeneration. At C3-4, there was spondylolisthesis grade 1 with facet arthropathy. The discussion and treatment plan included the injured worker's neck pain was mostly resolved following facet blocks at C4-6, however, subsequent radiofrequency ablations failed to improve symptoms. The injured worker had failed to improve with conservative management and could no longer live with symptoms. The treatment plan included a C4-6 posterior spinal instrumentation and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-6 Posterior Spinal Instrumentation and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 183. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The American College of Occupational and Environmental Medicine indicates surgical consult may be appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month, or with 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. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. Additionally, the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker had tenderness over the cervical and thoracic junction. There was a lack of documentation indicating the injured worker had instability upon examination or upon MRI findings. The official MRI was not provided for review. There was a lack of documentation indicating the injured worker had instability per x-ray studies in flexion and extension. Additionally, the electrodiagnostic

studies supported radiculopathy at C5-6, not at the level of C4-C5. Given the above, the request for C4-6 posterior spinal instrumentation and fusion is not medically necessary.

Bone Growth Stimulator (Rental or Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary, Aetna Clinical Policy Bulletins Number 0343

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 Collars (Hard and Soft): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

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.

Cold Therapy Unit (Rental or Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

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.