

<b>Case Number:</b>	CM14-0165306		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 42-year-old male who reported an injury on 03/10/2006. Reportedly while at work as a truck driver the truck he was driving did not have seatbelts and he was not strapped down. He was driving 20 miles per hour, and when the injured worker came to an intersection, an immigration car was crossing the intersection without stopping and the injured worker T boned the immigration car on the driver's side. During the collision, the injured worker stated both sides of the windshield popped out of the vehicle and fell once and hit the ground. The injured worker sustained injuries to his right finger, both knees, neck, upper back, and low back. Prior treatment included x-rays of the neck and low back, pain medications, trigger point injections, MRI studies of the knees and cervical spine, EMG/nerve conduction studies of the bilateral upper and lower extremities, and a psychological evaluation. On 05/25/2006, the injured worker had undergone an EMG/NCV study of the bilateral upper and lower extremities that revealed carpal tunnel syndrome, and the bilateral lower extremities showed an L5 radiculopathy. On 08/13/2012, the injured worker had undergone an MRI of the cervical spine that revealed at C4-5 there was disc height and signal is maintained. There was a 2 mm posterior disc protrusion with encroachment on the subarachnoid space. There was no compromise on the cord or neural foramina. The facet joints were unremarkable. At C5-6, there was 10% decrease in height of the disc. The signal intensity was maintained. There was a 3 mm posterior disc bulge with encroachment on the subarachnoid space. There was no compromise on the cord. There was encroachment on the foramina bilaterally contributed to by osteophytes projecting posterolaterally from the uncovertebral joints of luschka. There was a compromise on the exiting nerve roots bilaterally. There were arthritic changes in the facet joints bilaterally. There was a Schmorl's node defect in the superior aspect of C6. On 09/19/2014, the injured worker was evaluated and it was documented the injured worker complained of neck pain. The provider

noted the next surgery was denied based on the MRI being 3 years old. The provider noted he was awaiting authorization for a current MRI. The physical examination of the cervical spine revealed range of motion extension was 5 degrees, flexion was 20 degrees. The rest of the progress report notes were illegible. On 08/22/2014, the injured worker had an orthopedic spine consultation and the injured worker complained of constant, moderate to severe, and diffuse low back pain with pain radiating to both lower extremities posteriorly to the feet, left greater than right. It was documented the injured worker had attended approximately 20 physical therapy sessions with good results. Physical examination of the cervical spine revealed positive Spurling's test. Range of motion was right/left rotation was 60 degrees, lateral bend was 45 degrees, left lateral bend was 40 degrees, and forward flexion and extension were 50 degrees. There was decreased sensation in the left C5-6 distribution. . Diagnosis included cervical radiculopathy. The Request for Authorization dated 09/04/2014 was for anterior cervical discectomy with fusion at C5-6, bone growth stimulator, cervical brace, and inpatient stay.

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

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

**Cervical discectomy with fusion C5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** According to the California MTUS/ACOEM do not recommend discectomy or fusion without conservative treatment 4 to 6 weeks minimum. Discectomy or fusion for non-radiating pain or in absence of evidence of nerve root compromise. The request as submitted is not supported by clear evidence of medical necessity for the C5-6 fusion. The guidelines also state clear, clinical imaging and electrophysiologic evidence consistently indicated the same lesion that has been shown to benefit from surgical repair in both the short and long term. The findings on the most recent MRI of the cervical spine (2012) were similar to the findings of the study in 2006 at C5-6, which included slight disc space narrowing with compromise of the exiting roots bilaterally. Moreover, the orthopedic consultation on 08/22/2014 indicated the injured worker attended 20 physical therapy sessions with good results. The request as submitted is not supported by clear evidence of medical necessity for the C5-6 cervical discectomy with fusion. As such, the request for cervical discectomy with fusion at C5-6 is not medically necessary.

**Inpatient stay, no duration given:** 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 Bone growth stimulator:** 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 Cervical Brace:** 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.