

<b>Case Number:</b>	CM14-0198345		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 43-year-old male with a reported injury on 10/13/2012. The mechanism of injury was a motor vehicle accident. His diagnoses were noted to include degeneration of cervical intervertebral discs, cervical disc displacement and cervical radiculitis. His past treatments have included activity modification, medication, acupuncture, physical therapy, chiropractic treatments and epidural steroid injections. The injured worker's diagnostic testing has included multiple x-rays, a CT of the cervical spine on 10/27/2012 which reported no significant abnormality; an x-ray of the cervical spine on 12/10/2012 which reported no significant abnormality; an unofficial MRI of the cervical spine in early 2013 which reported disc protrusion at C5-6 and thoracic facet arthropathy; x-rays of the cervical spine on 08/29/2013, which revealed loss of lordosis to the cervical spine with no disc space collapse and mild facet joint arthritis with hypertrophy at C4-5 and C5-6; and an unofficial MRI of the cervical spine some time before 08/29/2013 which reported subtle, grade 1, retrolisthesis at C4-5 with uncovering of posterior disc effacing anterior thecal sac; the C5-6 level revealed mild loss of disc signal with grade 1 retrolisthesis with uncovering of posterior disc and 3 mm left paracentral disc protrusion effacing the anterior thecal sac; the findings resulted in mild canal stenosis and severe left neural foraminal narrowing; a 2 mm broad based disc bulge was noted at C6-7 effacing the anterior thecal sac. The injured worker reportedly had electromyography and nerve conduction studies of the upper extremities reviewed on 02/18/2014, which reported evidence of mild bilateral carpal tunnel syndrome with no evidence of cervical radiculopathy, brachial plexopathy or other peripheral nerve entrapment. He also had an MRI of the cervical

spine reviewed on 02/18/2014, which reported a disc herniation warranting surgical intervention and a computed tomography scan was reviewed the same date, which was normal. The injured worker's surgical history has included left knee surgeries in 2000 and 2002. A previous utilization review from 11/2014, indicates the injured worker was approved for a C5-6 anterior cervical discectomy; however, no medical records after that date were provided for review. The injured worker was evaluated on 08/28/2014 for complaints of neck pain with chronic headaches and tension between the shoulder blades. The injured worker reported constant pain in the cervical spine aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The injured worker characterized the pain as throbbing and stabbing. There was radiation of the pain into the upper extremities and associated headaches that were migrainous in nature, as well as tension between the shoulder blades. The injured worker reported the intensity of his pain was 9/10. He also reported constant pain in the low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing or walking multiple blocks. The injured worker characterized his pain as throbbing. There was radiation into the lower extremities. He reported the pain was unchanged and rated the pain 7/10 in intensity. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test was noted. Spurling's maneuver was positive. Range of motion was limited with pain. There was no clinical evidence of instability on exam. His skin was warm and dry with normal color and turgor. Cardiovascular examination was intact. Coordination and balance were intact. There was tingling and numbness into the lateral forearm and hand, greatest over the thumb, which correlates with a C6 dermatomal pattern. There was no greater than 3+ strength in the wrist extensors and biceps, C6 innervated muscles. There was a clear deterioration from his evaluation of 02/13/2014, when strength was measured at 4-. The clinician's treatment was for epidural steroid injection and/or surgery with physical therapy which waiting for approval.

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

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

**2-3 inpatient days:** Upheld

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

**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 (Acute & Chronic), Fusion, anterior cervical.

**Decision rationale:** The request for 2 to 3 inpatient days is not medically necessary. The injured worker was approved for anterior cervical discectomy and fusion. The Official Disability Guidelines recommend 1 day inpatient hospital stay for discectomy and/or anterior fusion. As no exceptional factors were provided, the requested service is not supported. Therefore, the request for 2 to 3 inpatient days is not medically necessary.

**Bone stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BGS- Low back chapter

**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 & Thoracic (Acute & Chronic), Bone growth stimulators (BGS).

**Decision rationale:** The request for bone stimulatory is not medically necessary. The injured worker was approved for an anterior cervical discectomy and fusion. The Official Disability Guidelines state that either invasive or noninvasive methods for electrical bone stimulation may be considered medically necessary as an adjunction to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) grade 3 or worse spondylolisthesis; (3) fusion to be performed at more than 1 level; (4) current smoking habit; (5) diabetes, renal disease, alcoholism; or (6) significant osteoporosis, which has been demonstrated on radiographs. The provided documentation indicated that the injured worker's retrolisthesis at C4-5 was grade 1, as was the retrolisthesis at C5-6. On 02/18/2014, the injured worker denied tobacco and alcohol use. There was no documentation indicating a failed spinal fusion, diabetes, renal disease or osteoporosis. The injured worker does not meet the Official Disability Guidelines criteria for use for invasive or noninvasive bone growth stimulators and as such, the requested service is not supported. Therefore, the request for bone stimulator is not medically necessary.

**Cervical collar:** Upheld

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

**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 (Acute & Chronic), Cervical collar, post operative (fusion).

**Decision rationale:** The request for cervical collar is not medically necessary. The injured worker was approved for C5-6 anterior cervical discectomy and fusion. The Official Disability Guidelines do not recommend postoperative cervical collars after single level anterior cervical fusion with plate. As the injured worker was having a single level anterior cervical fusion, the requested services is not supported. Therefore, the request for cervical collar is not medically necessary.

**Minerva mini collar #1:** 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 (Acute & Chronic), Cervical collar, post operative (fusion).

**Decision rationale:** The request for Minerva mini collar #1 is not medically necessary. The injured worker was approved for C5-6 anterior cervical discectomy and rigid fusion. The Official Disability Guidelines do not recommend postoperative cervical collars after single level anterior cervical fusion with plate. As the injured worker was having a single level anterior cervical fusion, the requested services is not supported. Therefore, the request for Minerva mini collar is not medically necessary.

**Miami J collar with thoracic extension #1:** 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 (Acute & Chronic), Cervical collar, post operative (fusion).

**Decision rationale:** The request for Miami J collar is not medically necessary. The injured worker was approved for C5-6 anterior cervical discectomy and rigid fusion. The Official Disability Guidelines do not recommend postoperative cervical collars after single level anterior cervical fusion with plate. As the injured worker was having a single level anterior cervical fusion, the requested services is not supported. Therefore, the request for Miami J collar is not medically necessary.