

<b>Case Number:</b>	CM14-0206336		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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: New York  
 Certification(s)/Specialty: Neurological 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 56-year-old female mail handler, with a reported date of repetitive injury of 06/28/2010. The results of the injury were neck pain and right upper extremity pain and numbness. The current diagnoses include displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. The past diagnoses include displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. Treatments have included three (3) epidural steroid injections, which were not giving much relief anymore; pain medication, without much relief; x-rays of the cervical spine, which showed some degenerative changes at C4-5 and C5-7; an MRI of the cervical spine in 04/2014, which showed moderate degenerative disc disease at C4-5, C5-6, and C6-7, moderate to severe foraminal stenosis on the left at every level, and mild to moderate central stenosis without any myelomalacia. The medical report dated 10/22/2014 indicates that the injured worker had ongoing and worsening neck pain, with upper extremity numbness and radiation, primarily on the right. It was noted that the injured worker had limited mobility, and was limited with her activities. She also complained of headaches frequently associated with her neck complaints. She rated the pain 4-9 out of 10. The injured worker indicated that the pain was worsened by lifting, looking up and down, and turning to the sides. The physical examination showed tenderness of the neck; moderately decreased range of motion, especially to the right and extension; some right shoulder impingement; brisk reflexes throughout the bilateral upper and lower extremities, with no deficits; and normal motor strength bilaterally. The treating physician

indicated that the injured worker would benefit from an arthroplasty at C5-6 and C6-7 with fusion at C4-5. It was noted that maintaining motion at the C5-7 levels would benefit the adjacent levels by providing them with the best opportunity from breaking down prematurely. It was also noted that the injured worker had failed all conservative treatment. On 12/04/2014, Utilization Review (UR) denied the request for a total disc Arthroplasty C5-7, ACDF at C4-5 with an assistant; a preoperative exam clearance protocol for patients 40 years and older; intraoperative neuropsychological monitoring; hospital stay for two (2) days; a cervical collar; a postoperative VascuTherm cold therapy unit for fourteen (14) days; three (3) home health visits - initial visit plus two (2) additional visits; and postoperative physical therapy to the cervical spine two (2) times a week for six (6) weeks. The UR physician noted that there was a concern of nicotine use, and the lack of a psychological assessment. Since the primary procedure was denied, the associated requests were also denied. The ACOEM Guidelines and Official Disability Guidelines were cited.

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

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

#### **Total Disc Arthroplasty C5-7, ACDF at C4-5 with Assistant: Upheld**

**Claims Administrator 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, Cervical Chapter and American Association of Orthopaedic Surgeons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal Fusion | not given.

**Decision rationale:** ODG guidelines indicate the limitation of spinal arthroplasty to one level. . Documentation does not indicate psychosocial screening or identification and location of the pain generators. Documentation does not identify all conservative methods of treatment have been exhausted. Documentation does not identify a program of medical treatment to provide the least amount of drug for the shortest period of time. Both Nucynta and oxycodone are in the same class of medication. Documentation does not provide a description of an exercise program to help the worker regain functionality.

#### **Pre-Operative Exam Clearance Protocol for Patients 40 years and older (CBC w/ diff, CMP, PT/PTT, UA, EKG): 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 Since requested spinal total disc arthroplasty is not recommended, pre-op clearance is not necessary.

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

**Intraoperative Neuropsychological Monitoring:** 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 Since requested spinal total disc arthroplasty is not recommended, intraoperative neurophysiological monitoring is not necessary.

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

**Hospital Stay (2-days):** 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 Since requested spinal total disc arthroplasty is not recommended, hospital stay 2 days monitoring is not necessary.

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

**Cervical Collar:** 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 Since requested spinal total disc arthroplasty is not recommended, cervical collar is not necessary.

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

**Post-Operative VascuTherm cold therapy unit (14-days):** 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 Since requested spinal total disc arthroplasty is not recommended, vascultherm cold therapy is not necessary.

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

**Home Health (3-visits):** 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 Since requested spinal total disc arthroplasty is not recommended, home health is not necessary.

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

**Post-Operative Physical Therapy (12-sessions for the cervical spine):** 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 Since requested spinal total disc arthroplasty is not recommended, home health is not necessary.

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