

<b>Case Number:</b>	CM15-0014869		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 45 year old female who sustained an industrial injury on 3/11/13. The injured worker reported symptoms in the neck and upper extremities. The diagnoses included radiculopathy, cervicalgia and disc bulge. Treatments to date have included injections and oral pain medications. PR2 dated 12/1/14 noted the injured worker presents with "neck pain and right upper extremity numbness coming down to her little and ring fingers"; the treating physician is requesting a right C6-7 posterior decompression with possible C4-5 right and one day inpatient. On 12/26/14, Utilization Review non-certified a request for a right C6-7 posterior decompression with possible C4-5 right and one day inpatient. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated services: One day inpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-186.

**Decision rationale:** ACOEM states, Within the first three months of onset of potentially work-related acute neck and upper backs symptoms, consider surgery only if the following are detected: Severe spinovertebral pathology. Severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. A disk herniation, characterized by protrusion of the central nucleuspulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. While the treating physician does document neck pain and an electro diagnostic study showing radiculopathy on the right, a final MRI reading indicated changes with interbody fusion at C5-6 with no evidence of stenosis and no findings to suggest surgical revision would be necessary at this time. In addition the MRI noted a small protrusion at C-6-7 without evidence of stenosis. The treating physician has not provided imaging evidence that is correlated on physical exam that would make the patient a surgical candidate at this time. As such, the request for Associated services: One day inpatient is not medically necessary at this time.

**Right C6-7 posterior decompression with poss C4-5 right:** 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, (ODG) Neck & Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-186.

**Decision rationale:** ACOEM states Within the first three months of onset of potentially work-related acute neck and upper backs symptoms, consider surgery only if the following are detected: Severe spinovertebral pathology. Severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. A disk herniation, characterized by protrusion of the central nucleuspulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. While the treating physician does document neck pain and an electro diagnostic study showing radiculopathy on the right, a final MRI reading indicated changes with interbody fusion at C5-6 with no evidence of stenosis and no findings to suggest surgical revision would be necessary at this time. In addition the MRI noted a small protrusion at C-6-7 without evidence of stenosis. The treating physician has not provided imaging evidence that is correlated on physical exam

that would make the patient a surgical candidate at this time. As such, the request for Right C6-7 posterior decompression with poss C4-5 right is not medically necessary at this time.