

<b>Case Number:</b>	CM15-0114342		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Illinois, California, 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 60-year-old female who sustained an industrial injury on 6/12/12, relative to a cumulative trauma. The 9/14/12 electrodiagnostic report impression documented evidence of moderately severe left and moderate right carpal tunnel syndrome with normal bilateral upper and lower extremity EMG. The 8/29/14 cervical spine MRI impression documented a 4 mm broad-based disc protrusion which diffusely narrowed the canal moderately flattening the cord and narrowing the bilateral lateral recesses. The bilateral disc bulge extended minimally into the proximal neural foramen without significant foraminal stenosis. There was reversal of the cervical curve. The 9/3/14 lumbar spine MRI impression documented disc bulging at L3/4 with partial annular tear that displaced the left L4 nerve root and mildly narrowed the left lateral recess. At L5/S1, there was diffuse disc bulging with mild facet hypertrophy. The thecal sac terminated abruptly at this level which would be normal or could reflect a component of epidural lipomatosis concentrically compressing the theca. There was no impingement of the L5 nerve roots. At L4/5, there was mild narrowing from a slight disc bulge and facet and ligamentum flavum hypertrophy, and congenitally small canal. She underwent left carpal tunnel release on 10/27/14 and right carpal tunnel release on 12/18/14. The 3/8/15 medical legal report cited the recent MRI findings and documented objective factors based on a 5/30/14 evaluation citing a normal neurologic exam of the cervical and lumbar spine and all extremities. The injured worker denied radicular symptoms. Record review documented the patient was 5'3" and weighed 170 pounds. The 4/10/15 orthopedic surgery report cited marked improvement following bilateral carpal tunnel releases. She had some hand stiffness, less on the right. She was

able to do more activities of daily living. Physical exam documented mild bilateral hand incisional tenderness with normal hand strength and sensation. She was to continue her home exercise program. The 5/21/15 spine surgeon report cited bilateral upper extremity numbness. Cumulative trauma injuries were reported to the neck, low back, both shoulder, and both wrists. She had restricted cervical and lumbar spine motion, and used a cane for ambulation. Authorization was requested for anterior cervical discectomy and fusion (ACDF) at the C5/6 level with 12 sessions of aquatic therapy for the lumbar spine. The 6/3/15 utilization review non-certified the request for ACDF C5/6 based on an absence of clinical exam findings of radiculopathy. The request for aquatic therapy for the lumbar spine was non-certified as there was no rationale to support this request.

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

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

**Anterior cervical discectomy and fusion (ACDF) at the C5-C6 levels: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS 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 and Upper Back: Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provides specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with a history of neck pain and bilateral upper extremity numbness. She has undergone bilateral carpal tunnel release. There are no current clinical exam findings to correlate with imaging evidence of C5/6 bilateral lateral recess narrowing and cord flattening. There is no electro diagnostic evidence of cervical or lumbar radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the cervical spine and failure has not been submitted. Therefore, this request is not medically necessary at this time.

**Aquatic therapy for the lumbar spine, quantity: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 24, 98-99.

**Decision rationale:** The California MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The physical medicine recommendations are used as a guideline for the number of supervised visits and would generally support 8 to 10 visits for chronic pain. Guidelines additionally indicate that patients are instructed and expected to continue active therapies on an independent basis in order to maintain improvement levels. Guideline criteria have not been met. There are no current lumbar spine or lower extremity exam findings that document a specific functional loss to be addressed by therapy. There is no evidence that the injured worker is unable to participate in land based therapy. The patient is not extremely obese and there was no other evidence that reduced weight bearing would be required to participate in exercise. Additionally, this request for 12 visits exceeds guideline recommendations for physical medicine treatment. Therefore, this request is not medically necessary.