

<b>Case Number:</b>	CM15-0177904		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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:

This injured worker is a 49-year-old female who sustained an industrial injury on 10/25/00, relative to cumulative trauma. The injured worker is status post C4/5 anterior cervical fusion on 4/26/05, and prior C5-C7 fusion on 2/9/10. She was status post L4/5 and L5/S1 anterior lumbar discectomy and fusion on 4/2/12 with non-union at L4/5. Past medical history was positive for anxiety and depression with current psychological treatment noted in the records. The 7/29/15 pain management report cited grade 8/10 neck pain radiating to the alt face and to the shoulder. Current medications included Lidocaine patches, Soma, Butrans, and Percocet. Cervical spine exam documented restricted and painful range of motion, negative Spurling's maneuver, and paracervical and trapezius tenderness. Lumbar spine exam documented restricted and painful range of motion, paravertebral muscle tenderness and spasms, inability to toe/heel walk, positive lumbar facet loading, positive straight leg raise, normal lower extremity reflexes, and tenderness over the left facet and sacroiliac joint. She had giveway weakness in both lower extremities, decreased left sided sensation, and diminished and symmetrical lower extremity deep tendon reflexes. A cervical spine MRI was noted in July 2014 but findings were not documented. Medications were prescribed. It was noted that C3/4 surgery had been recommended by the spine surgeon. Authorization was requested on 8/12/15 by the primary treating physician for cervical surgery at C3/4 per the spine surgeon and associated post-operative rehab 6 sessions for the cervical spine. The 9/1/15 utilization review non-certified the request for cervical spine surgery at C3/4 and associated post-op rehab as there was no documented MRI report, neurologic exam, or conservative treatment details to support the medical necessity of this request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cervical surgery C3-C4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. 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) provide 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. Guideline criteria have not been met. This injured worker presents with neck pain. She is status post C4-C7 cervical fusion. There is evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure. However, there is no current objective exam evidencing a focal neurologic deficit or imaging or electrodiagnostic study documented for correlation. Additionally, potential psychological issues are documented with no evidence of a psychosocial screen. Therefore, this request is not medically necessary.

### **Associated surgical services: Post op rehab 6 sessions for 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 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.