

<b>Case Number:</b>	CM15-0061803		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/08/1999
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 54-year-old male who sustained an industrial injury on 6/8/99. Injury occurred relative to picking up seats at a job site. Past surgical history was positive for C4-C7 anterior fusion surgery in 2002 which helped his neck but resulted in persistent difficulty swallowing and esophageal dysfunction. Records evidenced chronic and severe neck, back, and arm pain with associated headaches, arm numbness and weakness, muscle spasms, and severe functional disability. There was progressive right arm weakness and C3-C5 sensory loss. Prior benefit was noted with radiofrequency ablations bilaterally at C4, C5, C6, C7, and T1. No past benefit was noted with epidural steroid injections. The 11/20/14 cervical spine MRI impression documented prior anterior fusions at C4-C5-C6-C7. Plain films suggested possible screw loosening at C4. There was adjacent segment disease at C3/4 and C7/T1. At C3/4, there was severe spinal canal stenosis and moderate left and mild right neuroforaminal stenosis. At C7/T1, there was mild spinal canal stenosis and moderate right neuroforaminal stenosis. There was patency of the spinal canal and neural foramen at the fused levels. At C3/4, there was mild indentation of the cord without abnormal cord signal. At C4/5 there was mild bilateral facet arthritis. Records indicated that a 12/4/14 electrodiagnostic was negative for cervical radiculopathy or upper extremity neuropathy. The 2/16/14 treating physician letter noted that the 2002 C4-7 anterior fusion surgery resulted in severe motion loss, adjacent segment disorder, and cord compression at C3/4 with corresponding shoulder weakness and headaches. A posterior approach to decompression was necessary due to severe dysphagia. He reported imaging evidence of C4 hardware loosening, cord compression from retrolisthesis, central foraminal

stenosis, osteophytic nerve root compression, and clinical evidence of neuropathy. Extensive conservative treatment had failed to improve symptoms. Physical therapy was not indicated due to spinal cord compression above the level of fusion. The 3/12/15 utilization review modified the request for C3-4-5 posterior laminoplasty to C3/4 posterior laminoplasty. The rationale indicated that imaging and electrodiagnostic findings did not show spinal stenosis or radiculopathy related to the C4/5, with prior injections indicating a lack of cervical nerve root involvement, so laminoplasty at C5 was unwarranted. The request for one cold therapy unit 14 day rental was non-certified as there is no guideline support for the use of cold therapy units in the cervical spine. The request for a cervical collar was non-certified as a cervical laminoplasty should not necessitate immobilization during the healing process.

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

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

#### **C3-4-5 posterior laminoplasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**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.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications for laminoplasty that 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. The 3/12/15 utilization review partially certified this request for C3/4 laminoplasty. There is no imaging evidence of neural compression or spinal stenosis at the C4/5 level. There was limited rationale presented to support the medical necessity of laminoplasty at C5 Therefore, this request is not medically necessary.

#### **Associated Surgical Services: Cold therapy unit (14 day rental): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**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, Continuous-flow cryotherapy.

**Decision rationale:** The California MTUS guidelines do not provide recommendations relative to this device. The Official Disability Guidelines do not recommend the use of continuous flow cryotherapy in the neck. There is no compelling reason submitted to support the medical necessity of this device in the absence of guideline support and over standard cold packs. Therefore, this request is not medically necessary.

**Associated Surgical Services: Cervical collar:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**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, Cervical collar, post-operative (fusion).

**Decision rationale:** The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative and fracture indications exist, or in the emergent setting. The use of a cervical collar would be appropriate for this patient and supported by guidelines following surgery for pain control and stabilization. Therefore, this request is medically necessary.