

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	5/1/2009
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002580

- 1) MAXIMUS Federal Services, Inc. has determined the request for **C6-T1 cervical spine surgery and removal of current plate is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **C6-T1 cervical spine surgery and removal of current plate is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

This 52 year old claimant sustained a work-related injury on May 7, 2007 (a discrepancy was noted in records, with a date of injury of 5/1/09 also being noted, but her first surgery was in 2008). The mechanism of injury was not provided. A C4-C7 anterior cervical discectomy and fusion was performed in 2008. Current diagnoses are cervicgia and cervical radiculitis. Diagnostic testing has included a CT scan of the cervical spine on August 6, 2012, which showed intervertebral foraminal stenosis on the right at C7-T1. Lack of fusion was noted at C6-C7, with mild intervertebral foraminal stenosis on the left and moderate intervertebral foraminal stenosis on the right. The degree of spinal canal stenosis was difficult to evaluate on non-contrast CT, but did not appear severe at any location. The area of most concern was at C6-C7 where posterior-projecting disc osteophyte complexes were noted. Per the body of report, at C6-C7 there was mild uncovertebral joint prominence bilaterally. There was a posterior-projecting disc osteophyte prominence, although this appeared mild. There was no definite sign of spinal canal stenosis, although this can be missed on non-contrast CT without myelographic contrast. At C7-T1, there was uncovertebral joint prominence bilaterally, right greater than left. The right intervertebral foramen was narrowed to a moderate extent. There was no definite spinal canal stenosis. Per Dr. [REDACTED] office note, x-rays of the cervical spine on April 26, 2012 showed C4-C7 fusion, straightening of the cervical spine, no instability on flexion or extension.

Conservative care has included a C7-T1 epidural steroid injection August 3, 2012 (provided 80% relief for two weeks), repeat injection on August 24, 2012 (no relief obtained), bilateral cervical facet injections at C7-T1 on February 21, 2013 (provided no significant improvement), anti-inflammatory medications, narcotic analgesics, activity modification, radiofrequency ablation (provided temporary relief), and physical therapy (the dates and number of visits were not noted).

On an April 22, 2013 visit with [REDACTED] the claimant complained of neck and back pain. She reported that she had significant improvement in her neck pain and upper extremity numbness and tingling following surgery, but the symptoms gradually returned. She had intermittent numbness and tingling in her bilateral upper extremities extending into the ring and small fingers. She noted a sensation of weakness in the right arm compared to the left. Pain level was 4-10/10. An exam of the cervical spine revealed that range of motion was significantly limited in all directions to approximately 25% of normal. Foraminal compression test caused neck pain bilaterally. Sensation was intact to upper and lower extremities. Strength was good in upper and lower extremities bilaterally, except slight right biceps weakness 5-/5. Deep tendon reflexes were 2+ bilaterally. Per this note, an MRI dated January 7, 2010 revealed anterior cervical discectomy and fusion from C4-C7 with questionable fusion status at C6-C7. Neural foraminal stenosis was noted on the right (not noted in the radiological report). The impression was cervical spondylosis, cervicalgia, cervical radiculopathy, cervical spine stenosis, and pseudarthrosis.

On a June 26, 2013 visit with Dr. [REDACTED], the claimant reported persistent neck pain which limited her activities of daily living, along with arm pain and headaches. Pain level on medications averaged 9-10/10. An exam of the cervical spine revealed tenderness to palpation over the right and left mid-cervical facets, and right and left lower cervical facets. Right and left trapezius spasm was noted. Spurling sign was positive bilaterally. Range of motion was flexion 50 and extension 25. She had pain with forward flexion. Persistent bilateral paraspinal/periscapular pain and tenderness was unchanged since May 29, 2013. Positive left C7 pattern was noted with upper limb tension test. The impression was cervicalgia and cervical radiculitis. Regarding the plan of care, Dr. [REDACTED] noted that surgery has been denied but that the surgery was necessary. The request is for determination of whether the C6-T1 cervical spine surgery and removal of current plate is medically necessary and appropriate (it was not stated in the record what specific surgery was being requested).

#### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/22/13)
- Utilization Review Determination from [REDACTED] (dated 7/2/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for C6-T1 cervical spine surgery and removal of current plate:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines, Neck & Upper Back Chapter, which is not a part of MTUS.

The Expert Reviewer based his/her decision on ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8, pages 179-181, which are a part of MTUS, as well as the Official Disability Guidelines (ODG), Neck & Upper Back Chapter, and ODG Indications for Surgery-Discectomy/laminectomy, which are not a part of MTUS.

Rationale for the Decision:

The request in this case is regarding a C6-T1 cervical spine surgery based on the concern of a pseudarthrosis. This finding is based upon a CT scan obtained on 8/6/12—over one year ago. The guidelines cited above indicate that it may be reasonable to perform revision spine surgery if a pseudarthrosis is present; however, as the CT scan that was included in the records provided for review is greater than one year old, a new study is needed to insure that this previous found defect has not healed. In the absence of a recent CT showing a pseudarthrosis, **the request for C6-T1 cervical spine surgery and removal of current plate is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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