

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/31/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/27/2013  
Date of Injury: 4/27/2004  
IMR Application Received: 8/2/2013  
MAXIMUS Case Number: CM13-0006368

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and 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 physician 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/services.

### DOCUMENTS REVIEWED

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

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 53 year-old male who sustained multiple injuries to his head, neck, low back, and right shoulder between 1994 and 04/27/04. On 04/27/04 he injured his right shoulder while attempting to close a bulkhead door behind him. He felt a pop and acute severe pain in the right shoulder and neck with paresthesias throughout the right upper extremity. He is status post a right rotator cuff repair performed in 2005. On 09/06/05 he underwent an anterior cervical discectomy C3-4 and C4-5 with bilateral foraminotomy, anterior cervical fusion at C3-4 and C4-5, insertion of machined allograft intervertebral body spacers at C3-4, C4-5 and anterior segmental plate instrumentation at C3, C4, and C5.

According to the records a 05/27/10 post myelogram CT showed postsurgical changes from an anterior interbody bony fusion and ventral instrumentation at C4-5 and C5-6. There was a ventral compression plate that was slightly rotated with its left aspect flush with the ventral vertebral bodies and right lateral aspect removed by about a 3 millimeter gap. The right sided screws at C3 and C4 did not appear entirely imbedded within the vertebral bodies proper. There was mild degenerative bilateral foraminal stenosis at C3-4. No significant central canal stenosis was identified at either postsurgical level. There were mild spondylosis and severe degenerative facet changes at C5-6 resulting in moderate bilateral foraminal stenosis, greater on the right. There was mild spondylosis and marked bilateral degenerative facet changes at C6-7 resulting in mild bilateral foraminal stenosis. There were mild degenerative changes at the C3-4 level immediately above the fusion resulting in mild bilateral foraminal stenosis and very mild degenerative left foraminal stenosis at C2-3.

He was noted to have had cervical epidural steroid injections in November 2011 followed by Botox injections to the neck and across the shoulders in December 2011.

On 11/21/12 Dr. [REDACTED] QME exam indicated that the claimant to be a candidate for ACDF C5-6 and C6-7 with probable removal of the existing plate at C3-4 and C4-5.

Dr. [REDACTED] saw the claimant on 05/06/13 stating that he did well initially following the September surgery, but then began to have progressively worsening neck pain with radiating right arm pain, numbness, weakness, and atrophy of the right shoulder girdle muscles and swallowing difficulties. He also reported progressively worsening vertigo and constant neck pain with winging of the right scapula and pain radiating down the right arm to his hand with numbness and tingling in the ulnar right hand and to a lesser extent the index and long fingers. The cervical exam showed markedly restricted and painful motion in all planes. There was tenderness in the trapezii bilaterally and tenderness along the right medial scapular border. Right shoulder motion was decreased in forward flexion and abduction with pain at the limits of range. There was obvious atrophy of his right trapezius and shoulder girdle musculature and decreased light touch sensation in the right dorsal forearm and ulnar hand. A CT myelogram was recommended.

An MRI arthrogram of the right shoulder on 05/22/13 revealed no evidence of a complete rotator cuff tear. EMG/NCV studies on 05/28/13 revealed mild bilateral carpal tunnel syndrome. There was no evidence of bilateral cervical radiculopathy, brachial plexopathy, or ulnar neuropathy and no evidence of a right spinal accessory nerve injury. On 06/26/13 Dr. [REDACTED] injected the right shoulder subacromial space.

Dr. [REDACTED] 07/15/13 visit noted no change in symptoms with severe neck pain radiating into the right arm with numbness and weakness, swallowing difficulty with turning the neck from side to side and right shoulder pain, especially with overhead activities. Examination of the cervical spine showed markedly restricted and painful motion in all planes. There were no focal motor defects in the upper extremities. He had decreased light touch in the right dorsal forearm and hand and atrophy of the right trapezius and shoulder girdle. Dr. [REDACTED] denied the request for a CT myelogram of the cervical spine on a 07/02/13 review as the previous myelogram from 2010 showed clear pathology at multiple levels, the lack of EMG evidence of radiculopathy and that it was not clear how a new CT myelogram would further change the course of treatment or alter the plan of care. Status post ACDF C3-4 and C4-5, bilateral facet arthropathy C5-6 and C6-7 with moderate bilateral foraminal stenosis C5-6 and mild bilateral foraminal stenosis C6-7, retained cervical spinal implants with dysphagia, insomnia, anxiety, vertigo and hypertension were diagnosed. Dr. [REDACTED] concurred with Dr. [REDACTED] request for EMG/NCV studies of the right upper extremity. He was to continue Meclizine and Ultracet. An ACDF at C5-6 and C6-7 with removal of the C3-5 plate was recommended. Dr. [REDACTED] also stated that since the CT myelogram was denied, an MRI of the cervical spine was recommended as an alternative. The surgery and the cervical MRI were denied by Dr. [REDACTED] review on 07/26/13. He stated there was no clear evidence of progressive or severe neurological deficit that would support MRI studies at that time. He said the EMG studies were negative for radiculopathy and did not show any clear dermatomal sensory loss, motor weakness or reflex changes.

### **IMR DECISION(S) AND RATIONALE(S)**

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

#### **1. MRI of the cervical spine is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Special Studies and Diagnostic and Treatment considerations.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official

Disability Guidelines Treatment in Worker's Comp 18<sup>th</sup> edition, 2013 updates, Neck and Upper Back Chapter – MRI.

The Physician Reviewer's decision rationale:

Though the claimant reports neck pain radiating to the right arm, the claimant does not have clear objective evidence of radiculopathy on examination with the only potential radicular finding being decreased light touch in the right dorsal forearm and ulnar hand. The claimant does not have weakness, clear sensory loss in a dermatomal pattern, reflex changes, or findings of radiculopathy by electrodiagnostic studies. It remains unclear how a new MRI would alter plans for care.

**2. Anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace setting, inpatient is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM neck and upper back complaints, Surgical Considerations.

The Physician Reviewer based his/her decision on the The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) pg 165, 180, 183 and the Official Disability Guidelines (ODG) 18th Edition, 2013, neck procedure – Fusion, anterior cervical.

The Physician Reviewer's decision rationale:

Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines criteria, the role of the two-level fusion with removal of hardware would not be indicated. The records in this case do not indicate objective findings that demonstrate a radicular process at the requested surgical levels nor does it indicate imaging that is consistent with neurocompressive etiology or failure of prior hardware for which revision procedure would be indicated. Clinical testing does include electrodiagnostic studies that failed to demonstrate radiculopathy. The role of surgical intervention in this setting would not be indicated.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]  
[REDACTED]  
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CM13-0006368