

<b>Case Number:</b>	CM14-0145381		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/31/2000
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 73 year old male who had a work related injuries on 07/31/00. Mechanism of injury was not described. The most recent clinical documentation submitted for review was dated 07/09/14. The injured worker followed up for evaluation of chronic neck pain and low back pain secondary to spinal stenosis. The injured worker presented with new complaint that being redness, swelling, and severe pain over medial left ankle where prior biopsy was taken to assess for skin cancer. The injured worker stated he was having trouble weight bearing on the limb as a result. He denied fever or symptoms. On physical examination he appeared stated age, and appropriately groomed. He was alert and oriented to person place and time. Appearance and behavior were appropriate. Left medial ankle was red, hot, swollen, and 2x2cm scab noted over biopsy site. Neurologically cranial nerves 2-12 grossly intact, left sided antalgic gait and walked with four point cane, strength rated 5/5 in all major upper extremities and lower extremities groups. Deep tendon reflexes 2+/4 in all major upper extremities and lower extremities groups. The injured workers sensation to light touch, cold, and proprioception was intact and bulk and tone grossly normal overall major upper extremities and lower extremities groups. Diagnosis includes carotid stenosis, stroke, dyslipidemia, hypothyroid, atrial fibrillation, hypertension, lumbar spine radiculopathy, and left ankle effusion. Cervical spine radiculopathy/suspect cervical spine stenosis was ruled out. There was concern for left ankle infection versus abscess. A MRI of the lumbar spine dated 05/21/14 at C2-3 with no significant spinal canal or neural foraminal stenosis. At C3-4 there were disc osteophyte complex and bilateral uncovertebral hypertrophy and thickening of ligamentum flavum resulting in moderate spinal canal stenosis with effacement of thecal sac and mild cord deformity without cord signal abnormality. Mild bilateral neural foraminal stenosis was also present. At C4-5 disc osteophyte complex and bilateral uncovertebral hypertrophy greater on the right side, resulting in mild right

neural foraminal stenosis. No significant spinal canal central spinal canal stenosis present. At C5-6 disc osteophyte complex and bilateral uncovertebral hypertrophy were present, contributing to right to mild right neural foraminal stenosis. No significant spinal canal stenosis. At C6-7 disc osteophyte complex and uncovertebral hypertrophy resulting in mild left neural foraminal stenosis. No significant right neural foraminal stenosis or central spinal canal stenosis. Prior utilization review dated 08/12/14 was non-certified. Current request is for anterior cervical discectomy and fusion at C3-4 and C4-5 with two day inpatient stay.

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

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

#### **1 anterior cervical discectomy and fusion (ACDF) at C3/4- C4/5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** The request for ACDF at C3-4 and C4-5 is not medically necessary. Clinical documentation submitted for review does not support the request. Physical examination physical examination the injured worker does not have any radiculopathy radicular symptoms. He has normal neurological examination. He has some tenderness to palpation and decreased range of motion. Records reflect chronic neck pain. MRI dated 05/21/14 revealed stable multilevel degenerative changes of cervical spine most pronounced at C3-4. Where there was moderate central spinal canal stenosis. There is no clinical evidence that the patient has failed conservative treatment consisting of physical therapy, epidural steroid injections. As such medical necessity has not been established.

#### **Two day in-patient stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 chapter, hospital length of stay.

**Decision rationale:** The request for two day inpatient hospital stay is predicated on the initial surgical request. As this has not been found to be medically necessary, the subsequent request is not medically necessary.

