

<b>Case Number:</b>	CM13-0003520		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	06/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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, has a subspecialty in Spine 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 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 patient is a 48-year-old female who sustained a work-related injury on 10/13/11. Subjective complaints include neck pain radiating to the left arm and down to the thumb, and index and middle fingers with weakness. Objective findings include decreased sensation at the C5 and C6 dermatomes, positive Spurling's sign, 4/5 strength of the upper extremity, and decreased cervical range of motion. An MRI of the cervical spine dated 3/14/13 revealed a 4mm disc complex resulting in moderate mass effect upon the cord resulting in deformity, left greater than right, and left neural foraminal zone compromise at C4-5; and a 3mm disc protrusion with right neural foraminal compromise at C5-6. Current diagnoses are cervical spondylosis with myelopathy, and treatment to date has been chiropractic therapy, physical therapy, activity modification, injections, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT C4-6 ACDF (ANTERIOR CERVICAL DECOMPRESSION AND FUSION.) WITH INSTRUMENTATION WITH ONE (1) DAY LENGTH OF STAY.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The MTUS/ACOEM guidelines state that the necessary criteria for cervical decompression includes documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state that cervical decompression can be certified with documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources, non-structural radiculopathy, and/or peripheral sources should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test, evidence of motor deficit or Final Determination Letter for IMR Case Number CM13-0003520 4 reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging study with positive findings that correlate with nerve root involvement. In addition, the Official Disability Guidelines identify anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Furthermore, the Official Disability Guidelines recommend a hospital length of stay for up to 3 days in the management of anterior cervical decompression/fusion. Within the medical information available for review, there is documentation of a diagnosis of cervical spondylosis with myelopathy. In addition, there is documentation of subjective and objective radicular findings in each of the requested nerve root distributions, imaging findings at the requested levels, and failure of conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for authorization for inpatient C4-6 anterior cervical decompression and fusion with instrumentation with a one day length of stay is medically necessary.