

<b>Case Number:</b>	CM13-0018924		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Spine Surgeon 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 59-year-old female who reported an injury on 12/20/2010. The mechanism of injury was not submitted for clinical review. The diagnoses included left C7 radiculopathy, cervical disc herniation, left cubital tunnel syndrome, and left elbow tendinitis. The previous treatments included psychiatric consultation, medication, TENS unit, physical therapy, and cortisone shots. Diagnostic testing included unofficial EMG/NCV, and a cervical MRI dated 12/2011. In the clinical note dated 05/10/2013, it was reported the patient complained of left hand, ring finger, thumb, and pain radiating from neck down to her shoulder into her left hand. The injured worker complained of occasional locking of her thumb. Upon the physical examination of the cervical spine, the provider noted a slight posterior paracervical pain. Flexion was noted to be 45 degrees with slight pain, and an extension of 40 degrees with slight pain. The injured worker had a positive Spurling's test on the left. The provider noted the sensory examination revealed numbness in the C7 distribution on the left. Provider requested a cervical discectomy and fusion. However, a rationale was not submitted for clinical review. Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL DISECTOMY AND FUSION AT C6-C7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical

**Decision rationale:** The California MTUS/ACOEM Guidelines state cervical discectomy is not recommended. The effectiveness of the procedure has not been demonstrated. In addition, the guidelines note fusion for nonradiating pain is not recommended in the absence of evidence of nerve root compromise. Additionally, the Official Disability Guidelines note discectomies are recommended as an option if there is a radiographically demonstrated abnormality to support clinical findings consistent of 1 or more of the following: progression myelopathy or focal motor deficits, intractable radicular pain in the presence of documented clinical radiographic findings, or the presence of spinal instability when performed in conjunction with stabilization. Indications for surgery include the presence of all of the following criteria prior to surgery for each nerve root that has been planned for intervention: There must be evidence of radicular pain and sensory symptoms in cervical distribution that correlate with the involved cervical level of the presence of a positive Spurling's test. There should be evidence of motor deficits or reflex changes or positive EMG findings that correlate with the cervical level. An abnormal CT/myelogram or MRI study must show positive findings that correlate with the nerve root involvement that is found with the previous objective physical and/or diagnostic findings. If there is no evidence of sensory motor reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The Official Disability Guidelines note for anterior cervical fusion the indications of: acute traumatic spinal injury, a fracture or dislocation resulting in the cervical spinal instability; osteomyelitis (bone infection) or resulting in vertebral body destruction, primary or metastatic bone tumor resulting in fracture instability or spinal cord compression; and spondylotic myelopathy based on clinical signs and/or symptoms, including clumsiness of hands, urinary urgency, new onset bowel or bladder incontinence, frequent falls, hyperreflexia, and Hoffmann signs. The clinical documentation submitted failed to indicate if the injured worker had tried and failed on conservative therapy. There is a lack of imaging studies to corroborate the findings warranting the medical necessity of the request. There is lack of objective findings indicating the injured worker to have clumsiness of the hands, urinary urgency, new onset bowel or bladder incontinence, frequent falls, hyperreflexia, or Hoffmann sign. Therefore, the request is not medically necessary.