

<b>Case Number:</b>	CM13-0019265		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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:

According to the records made available for review, this is a 50-year-old female with a 4/9/12 date of injury. At the time (6/13/13) of request for authorization for cervical spine surgery repair of abnormal discs, there is documentation of subjective (neck pain with any horizontal or overhead use of the arm or any lifting in excess of 5 pounds) and objective (decreased cervical range of motion) findings, imaging findings (reported MRI of the cervical spine (7/3/12) revealed straightening of the cervical lordotic curvature with minimal decreased height at C5-6 disc space anteriorly; no significant posterior disc bulging is seen at any level and no significant canal stenosis or spinal cord signal abnormality is identified at any level; report not available for review), current diagnoses (cervical degenerative disc disease), and treatment to date (activity modification and medication). 8/13/13 medical report identifies a request for C5-6 disc surgery with adjacent decompression of the C6 nerve root by way of an ACDF (fusion surgery) or a cervical disc prosthesis surgery. There is no documentation of subjective and objective radicular findings in the requested nerve root distribution, an imaging report with findings at the requested level, and failure of additional conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine Surgery Repair Of Abnormal Discs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 189.

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

**Decision rationale:** MTUS reference to ACOEM guidelines identifies 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, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities); as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of a diagnosis of cervical degenerative disc disease. In addition, there is documentation of a request for C5-6 disc surgery with adjacent decompression of the C6 nerve root by way of an ACDF (fusion surgery) or a cervical disc prosthesis surgery. Furthermore, there is documentation of failure of conservative treatment (activity modification and medications). However, despite documentation of subjective (neck pain with any horizontal or overhead use of the arm or any lifting in excess of 5 pounds) and objective (decreased cervical range of motion) findings, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in the requested nerve root distribution. In addition, despite documentation of reported imaging findings (MRI of the cervical spine identifying straightening of the cervical lordotic curvature with minimal decreased height at C5-6 disc space anteriorly; no significant posterior disc bulging is seen at any level and no significant canal stenosis or spinal cord signal abnormality is identified at any level), there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at the requested level. Furthermore, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for cervical spine surgery repair of abnormal discs is not medically necessary.