

<b>Case Number:</b>	CM13-0028609		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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. 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 52-year-old female who reported a work-related injury on 10/27/2011, as a result of strain to her cervical spine and left shoulder. MRI of the cervical spine dated 06/28/2013, signed by [REDACTED], revealed specifically at the C5-6 level, there was a 20% decrease in the height of the disc. There was partial dehydration of the disc and 2 mm posterior disc protrusion with encroachment on the subarachnoid space. There was no compromise of the cord. There was encroachment on the foraminal bilaterally with compromise of the exiting nerve roots bilaterally. This may be contributed to by osteophytes projecting posterolaterally from the uncovertebral joints of Luschka. There are arthritic changes in the facet joints bilaterally, and there was a 4 to 5 mm anterior disc protrusion. Clinical note dated 09/03/2013 reports the patient was seen for a follow-up of her chronic spine pain complaints under the care of [REDACTED]. The provider documents that the patient presents with continued complaints of pain to the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. The provider documents the patient has failed all conservative measures; however, the patient is allergic to corticosteroids, and epidural injections were not further pursued. The patient's symptomatology to the left shoulder has not changed significantly. The provider documented upon examination of the patient's cervical spine, tenderness of the cervical paravertebral muscles and upper trapezius muscles were noted with spasms. Axial loading, compression test, and Spurling's maneuver were positive. There was painful and restricted cervical range of motion. The patient reported dysesthesia at the C5 and C6 dermatomes. The provider documented the patient received a Toradol injection. The provider recommended the patient undergo a C4-6 Anterior cervical microdiscectomy with implantation of hardware with re-alignment of junctional kyphotic deformity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical microdiscectomy at C5-C6 with implantation of hardware and fusion and realignment of the junctional kyphotic deformity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

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

**Decision rationale:** The current request is supported. The clinical documentation submitted for review evidences the patient continues to present with significant cervical spine pain complaints status post a work-related injury sustained in 10/2011. In a rebuttal to the previous adverse determination for the requested operative procedure, [REDACTED] documents the patient was noted to have loss of strength in the deltoid biceps and wrist extensors, all innervated by the C5 and C6 nerve roots, the provider documented the patient's motor strength was no greater than 3+/5 to 4-/5. The patient has continued to have a positive Spurling's maneuver, with clear clinical presentation of radiculopathy, associated numbness in the anterolateral shoulder and arm, as well as lateral forearm and hand. California MTUS/ACOEM indicates surgical considerations are supported for patients with severe debilitating symptoms, with physiologic evidence of specific nerve root or spinal cord dysfunction, corroborated on appropriate imaging studies that did not respond to conservative therapies. Specifically, at the C5-6, the patient does present with compromise of the exiting nerve roots bilaterally, and a 4 to 5 mm anterior disc protrusion with 20% decrease in height of the disc. Given all the above, the request for anterior cervical microdiscectomy at C5-C6 with implantation of hardware and fusion and realignment of the junctional kyphotic deformity is medically necessary and appropriate, as the patient has failed to progress with lower levels of conservative treatment and continued significant objective findings of symptomatology upon exam.