

<b>Case Number:</b>	CM13-0039453		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Montana, Tennessee, and 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 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 51-year-old female who reported an injury on 02/14/2003. The mechanism of injury was not provided. The patient's diagnosis was noted to be cervical disc displacement with myelopathy. The MRI of the cervical spine on 07/30/2013 revealed the patient was status post anterior interbody fusion at C6-7. At the level of C5-6, there was broad based disc protrusion making contact with the cord and causing moderate canal stenosis. It was noted this has a central and left lateral recess component. The recess component may exert pressure or displace the exiting C6 nerve root elements on the left. There is underlying degenerative disc disease and some endplate change with loss of height at the disc space. There is mild foraminal encroachment bilaterally. At the level of C6-7, it is status post fusion and negative for recurrent stenosis of the canal and no foraminal encroachment. The letter of appeal dated 10/15/2013 indicated the patient has undergone multiple cervical interlaminar epidural injections, most recently on 06/18/2012. The epidural injection did not provide any relief. The patient had a medial nerve block at C4 through C6 on the right on 11/19/2012. It provided the patient with less than 50% relief and the patient had a cervical discogram on 11/20/2012 which revealed at the level of C5-6 was a significant source of the patient's pain but the patient had significant structural abnormalities including anterior osteophytes, segmental, if not radiologic instability and disc herniation. The patient had structured physical therapy with Coast Physical Therapy and underwent approximately 16 sessions of physical therapy. The patient's symptoms were noted to be neck pain with a new onset of upper extremity symptoms. The patient had upper extremity symptoms. The patient had numbness and tingling in both upper extremities and had trouble opening jars and car doors etc. The patient exhibited bilateral Hoffmann's signs suggesting early spinal cord irritation. The neurologic weakness was a new symptom that was gradually getting worse with the delay of surgery, as an opinion per her treating physician. The

request was made for 1 cervical removal of anterior plate at C6-7, anterior decompression and interbody fusion at C5-6 with anterior plating at C5 through C7 and a 3 day inpatient hospital stay.

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

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

#### **Cervical removal of anterior plate at C6-C7, anterior decompression and interbody fusion at C5-C6 with anterior plating at C5-C7: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Fusion.

**Decision rationale:** ACOEM Guidelines recommend a surgical consult for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion has been shown to benefit from surgical repair in both the short and long-term, and unresolved radicular symptoms after receiving conservative treatment. California MTUS/ACOEM Guidelines do not address fusion of the cervical spine specifically. Secondary guidelines were sought. Per Official Disability Guidelines, an anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy. The clinical documentation submitted for review failed to provide specific myotomal and dermatomal findings upon physical examination. There was a lack of electrophysiological evidence to support the request. The patient was noted to have undergone physical therapy and epidural steroid injections. However, due to the lack of myotomal or dermatomal findings upon examination to support the surgery, the request for 1 cervical removal of anterior plate at C6-7, anterior decompression and interbody fusion at C5-6 with anterior plating at C5 through C7 is not medically necessary.

#### **Three (3) day inpatient hospital stay: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Hospital Length of stay.

**Decision rationale:** As the requested surgical procedure was not medically necessary, the request for a 3 day inpatient hospital stay is not medically necessary.

