

<b>Case Number:</b>	CM13-0048778		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/30/2000
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 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 68-year-old female who has submitted a claim for cervical intervertebral disc degeneration without myelopathy, cervical spinal stenosis, cervical radiculitis, hypertension, dyslipidemia, and osteoporosis associated with an industrial injury date of 05/30/2000. Medical records from 2012 to 2013 were reviewed. The patient complained of cervical pain radiating to bilateral upper extremities, left worse than right. Pain was described as dull, aching, burning, throbbing, stabbing, sharp, associated with numbness and tingling sensation. The patient was a nonsmoker. A physical examination showed hyperreflexia at bilateral biceps and triceps. Motor strength of bilateral biceps was graded 4/5. The cervical spine range of motion was restricted and painful on all motions. A CT scan of the cervical spine, dated 01/31/2013, demonstrated markedly advanced C5-C6 degenerative disc and opposing endplate changes with broad-based posterior endplate osteophytosis slightly greater eccentric to the right. There was resulting spinal canal neural foraminal stenosis. Mild retrolisthesis of C5 favored to be on the basis of degenerative instability. At C6-C7, degenerative disc and endplate changes with mild spinal canal and moderate bilateral neural foraminal stenosis. An MRI of the cervical spine, dated 08/14/2012, showed Grade 1 retrolisthesis of C3 on C4, C5 on C6, and C6 on C7. Multilevel degenerative disc disease extending from C3 through C7 resulting in mild to moderate central spinal canal stenosis and bilateral neural foraminal narrowing. Treatment to date has included physical therapy, cervical epidural steroid injection, and medications. Utilization review from 10/14/2013 did not grant the requests for 3 level anterior cervical discectomy and fusion and a TDR (disc replacement) or a 4 level ACDF and unknown length of stay because there were no imaging reports available to confirm cervical disc pathology. Conservative care was likewise not documented.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 LEVEL ANTERIOR CERVICAL DISCECTOMY AND FUSION AND A TDR (DISC REPLACEMENT) OR A 4 LEVEL ACDF: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181-183.

**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, Neck Chapter, Discectomy, Artificial Disc Replacement and Cigna Coverage Position Intervertebral Disc Prosthesis Article.

**Decision rationale:** The California MTUS ACOEM Practice Guidelines state that surgical consultation/intervention is indicated for patients who have: 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, and unresolved radicular symptoms after receiving conservative treatment. In addition Official Disability Guidelines states that criteria for discectomy include: evidence of radicular pain, evidence of motor deficit or reflex change, abnormal imaging, and failure of 6 to 8 weeks trial of conservative care. In this case, patient complained of cervical pain radiating to bilateral upper extremities described as dull, aching, throbbing, associated with numbness and tingling sensation. The patient does not smoke. Physical examination showed weakness of bilateral biceps and hyperreflexia at bilateral biceps and triceps. Cervical spine range of motion was restricted and painful on all motions. An MRI of the cervical spine, dated 08/14/2012, showed multilevel degenerative disc disease extending from C3 through C7 resulting in mild to moderate central spinal canal stenosis and bilateral neural foraminal narrowing. The treatment plan is to perform cervical surgery due to failure of conservative care comprising of physical therapy, cervical epidural injection, and medication management. However, the total number of physical therapy sessions attended and functional outcomes were not documented. Failure of conservative care was not established in this case. In addition, cervical hybrid arthroplasty is not consistently or overwhelmingly supported, and larger series with longer follow-up are needed. It is unclear why ACDF would not suffice. Therefore, the request for 3 level anterior cervical discectomy and fusion and a tdr (disc replacement) or a 4 level acdf is not medically necessary.

**UNKOWN LENGTH OF STAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The related request for cervical surgery has been deemed not medically necessary; therefore, all of the associated services, such as this request for unknown length of stay is likewise not medically necessary.

