

<b>Case Number:</b>	CM13-0049100		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/31/2006
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 50-year-old female who reported a work related injury on 07/31/2006 as a result of strain to the cervical spine. The patient is status post a C6-7 anterior cervical decompression and fusion as of 01/23/2007, and a C5-6 partial corpectomy as of 08/17/2011. The clinical note dated 09/19/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient was doing well status post surgical interventions performed in 08/2011, up until July when the patient reported having symptoms of weakness to the bilateral upper extremities as well as severe headaches. Upon physical exam of the patient, the provider documented weakness involving the finger extension of the right hand, triceps weakness of the left arm, and deltoid weakness on the right. Sensation was decreased on the right C6-7. The provider reviewed imaging of the patient's cervical spine. The provider documented the patient had severe spinal stenosis at the C4-5 with spinal cord compression due to disc herniation. The provider documented the patient is developing bilateral lower extremity weakness and dropping things. The provider is recommending an anterior cervical corpectomy and fusion at C4-5, as well as take-down of hardware at C5-6 to complete the surgical procedure. MRI of the cervical spine dated 08/22/2013 revealed, at the C4-5 level, specifically, the disc was narrowed with decreased signal intensity compatible with degenerative-type desiccation, in addition to a 5 mm septal extrusion of the C4-5 disc present which deforms the anterior aspect of the cord. The signal intensity within the cord at this level was unremarkable, and the C5 nerve roots were notable for mild narrowing of the left C5 neural foramen. Electrodiagnostic studies performed of the bilateral upper extremities dated 12/15/2013 signed by [REDACTED] revealed an abnormal EMG of the upper limbs, consistent with bilateral C6-7 nerve root impingement, chronic, mild to moderate. Several C7 innervated muscles were in the process of re-innervation with axonal

sprouting of the nerve, particularly on the right. There was no evidence for re-innervation in the C6 innervated muscles.

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

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

**request for Cervical Corpectomy and fusion at C4-C5 and plate at the C4-5 and remove old plate at C5-6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The current request is supported. The clinical documentation submitted for review reports the patient presents with clear clinical imaging and electrophysiologic evidence indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term, as recommended per guidelines. The patient continues with unresolved radicular symptoms. The clinical notes evidence the patient's pain complaints have increased over the past few months, and the patient presents with MRI of the cervical spine which reveals deformity of the anterior aspect of the cord. The provider is documenting the patient presents with cervical myelopathy, as, upon physical exam of the patient, there was weakness involving finger extension of the right hand, triceps weakness of the left arm, and deltoid weakness on the right. Additionally, the patient began having weakness in the bilateral arms and severe headaches. Furthermore, the patient reports dropping items from the hands due to motor decrease. While the clinical notes fail to document exhaustion of all lower levels of recent conservative care, to prevent further neurological or motor damage, the request for Cervical Corpectomy and fusion at C4-5 and plate at the C4-5 and remove old plate at C5-6 is medically necessary and appropriate.