

Case Number:	CM13-0066781		
Date Assigned:	01/03/2014	Date of Injury:	07/15/2011
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Texas and 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 injured worker is a 59-year-old female who reported an injury on 07/15/2011. The mechanism of injury was not provided. The injured worker had an EMG/NCV on 08/14/2013 which the NCV revealed no conduction delay for the ulnar motor across the elbow. Per the EMG there was an equivocal abnormality for the ulnar numbers going across the wrists. Documentation of 10/24/2013 revealed the injured worker had continued symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. It was indicated the injured worker had failed all conservative measures including activity modification, physical therapy, pain management, and a cervical epidural block. The physician documented the injured worker had a progressive neurologic deficit in the upper extremities with chronic symptoms. The physical examination of the cervical spine was noted to be unchanged. There was tenderness at the cervical paravertebral muscles and the upper trapezial muscles with spasm. The axial loading compression test and Spurling's maneuver were positive. There was painful restricted cervical range of motion and dysesthesia at C6 and C7 dermatomes. The diagnoses included cervical/lumbar discopathy. The treatment plan included an anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-C7 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION
HARDWARE:** Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy, Fusion.

Decision rationale: ACOEM Guidelines indicate that a surgical consult is appropriate for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month, or extreme progression of symptoms with clear and clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and long term, and unresolved radicular symptoms after receiving conservative treatment. It further indicates that cervical nerve root decompression may be accomplished in 1 of 2 major ways, including a cervical laminectomy and disc excision with nerve root decompression. As there were no listed criteria for surgery through ACOEM guidelines, secondary guidelines were sought. Official Disability Guidelines indicate that a discectomy is recommended as an option, if there is a radiographically-demonstrated abnormality to support clinical findings consistent with 1 of the following, which includes evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level and the presence of a positive Spurling's test. There should be evidence of a motor deficit or reflex changes or positive EMG findings that correlate with a cervical level, etiologies of pain such as metabolic sources have been ruled out, and the patient must have evidence of a trial and failure of at least 6 to 8 weeks of conservative care. The clinical documentation submitted for review indicated the injured worker had radicular pain and a positive Spurling's test. There was no documentation of a motor deficit or reflex changes. The injured worker had an EMG/NCV on 08/14/2013 which did not support the requested procedure. There was no official MRI reading submitted for review. Given the above, the request for a C3 through C7 anterior cervical discectomy with implantation of hardware is not medically necessary.