

<b>Case Number:</b>	CM14-0102365		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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:

This is a 47 years old female with a 2/15/13 injury date. She was hit by a forklift. A 1/3/14 EMG/NCV of the upper extremities was normal. A 4/21/14 cervical MRI revealed moderate flattening of the cervical cord at C5-6, related to a large central protrusion, with mild signal abnormality in the cord at this level. In a 5/15/14 surgical consultation, the patient complained of neck and right arm pain that was 9/10 and constant, made worse with movement, and some radiation down the right leg as well. Objective findings included normal range of motion, and normal motor strength, muscle tone, and bulk. The remainder of the follow-up notes since then are handwritten and difficult to read. The patient appears to have "difficulty grabbing objects," "weak grip strength," and "difficulty walking." Objective findings include "limited right leg strength" and "neck tender." Diagnostic impression: cervical herniated disc with central stenosis and myelopathy. Treatment to date: cortisone injection, medications. A UR decision on 6/20/14 denied the request for C5-6 anterior discectomy and fusion (ACDF) because there was no documentation of conservative treatment such as physical therapy or indication of motor weakness, sensory deficits, or hyperreflexia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 anterior cervical disectomy and fusion.:** Upheld

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

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

**Decision rationale:** CA MTUS criteria for cervical decompression include 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, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. In addition, ODG states that anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. However, in this case there is not enough information to support the medical necessity of the procedure. With regard to the diagnosis of radiculopathy, the electrodiagnostic study was normal, the MRI did not show nerve root compression, and there were no specific levels of motor/sensory/reflex dysfunction on exam. With regard to the diagnosis of myelopathy, there is evidence of central canal stenosis at C5-6 with flattening of the cord on MRI, but the recent follow-up notes are extremely brief and somewhat illegible. As such, the signs and symptoms that would be consistent with a myelopathic syndrome are not evident in the available reports. In addition, there is no discussion of prior conservative treatment methods. Although the patient may be a candidate for anterior cervical fusion, the available documents do not support it at this time. Therefore, the request for C5-C6 anterior cervical discectomy and fusion is not medically necessary.