

<b>Case Number:</b>	CM14-0012170		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	07/31/2006
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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:

The patient is a 50 year old female who was injured on 07/31/2006 while lifting a box sustaining an injury to her neck. Prior treatment history has included physical therapy, medications, cortisone injection, and a right trapezial trigger point injection; a cervical collar, and a cervical epidural steroid injection. The patient underwent an anterior cervical discectomy and fusion initially on 01/23/2007 and a partial corpectomy at C5-C6 on 08/17/2011. Diagnostic studies reviewed include MRI of the cervical spine dated 08/22/2013 shows degenerative changes of the C4 vertebral body, diffuse disc dessication, post-operative changes are seen at the C5-C6 and C7 levels; and a 5 mm central disc extrusion seen at the C4-C5 level with deformity of the anterior aspect of the cord. An EMG of the upper limbs dated 12/05/2013 demonstrates an abnormal study showing bilateral C6 and C7 nerve root impingement, chronic which mild to moderate. Several C7 innervate muscles are in the process of re-innervation with axonal sprouting of the nerve particular on the right. There is no evidence for re-innervation in C6 innervated muscles. The evaluation note dated 12/23/2013 states the patient started having symptoms of weakness in both arms and severe neck ache. On physical examination, there is weakness involving finger extension and there is a triceps weakness in the left arm and a deltoid weakness. There is decreased sensation in the right C6 and C7. The plan is an anterior cervical corpectomy and fusion at C4-C5. The evaluation note dated 09/19/2013 indicates the patient continues to have ongoing neck pain that is radiating to both arms and she started having symptoms of weakness in both arms and severe headaches. On examination, the patient has weakness involving finger extension of the right hand. There is triceps weakness of the left arm and deltoid weakness on the right. Sensation is decreased on the right C6-C7. The patient has severe spinal stenosis at the C4-C5 with spinal cord compression due to disc herniation. The patient is developing bilateral lower extremity weakness and dropping things which are believed to cervical myelopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT STAY, 2 NIGHTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ANTERIOR CERVICAL CORPECTOMY AND FUSION AT C4-C5:** 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): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck And Upper Back Chapter, Fusion Section.

**Decision rationale:** As per CA MTUS/ACOEM guidelines, fusion for nonradiating pain or in absence of evidence of nerve root compromise is not recommended. As per the Official Disability Guidelines (ODG), cervical fusion for degenerative disease resulting in axial neck pain and no radiculopathy remains controversial and conservative therapy remains the choice if there is no evidence of instability. In this case, this patient has chronic neck pain with radiating pain in both arms associated with weakness. The cervical MRI dated 08/22/2013 showed 5 mm disc herniation at C4-5 with left C5 neural foramen narrowing; however, on physical exam, the sensation was decreased on the right C6 and C7 nerve distribution. Additionally, there is no documentation of recent trial and failure of low level care such as physical therapy. As such, due to the lack of corroborating subjective complaints, physical findings, and diagnostic studies consistent of neurological deficits at the proposed level, the request for anterior cervical corpectomy and fusion at C4-C5 is not medically necessary and appropriate.