

<b>Case Number:</b>	CM14-0016995		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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, has a subspecialty in Fellowship trained 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 54 year old female with a reported date of injury on 04/09/2009. The injury was reportedly caused by repetitive use. The CT of the cervical spine dated 07/23/2013 revealed normal posterior disc morphology of C3-C4 with mild hypertrophy of the left facet joint at this level. There was also mild discogenic spondylosis at C3-C4. The documentation dated 11/25/2013 reported the injured worker complained of 8-9/10 pain in the cervical spine with radiating symptoms of pain along the right upper extremity with numbness and tingling. She is status post anterior cervical discectomy and fusion in 2012. On examination, cervical spine range of motion was decreased with 5-/5 strength in the bilateral upper extremities. Foraminal compression test was positive on the right and Spurling's test was positive on the right into the hand. Deep tendon reflexes were 2/4 in the bilateral upper extremities. cervical spine flexion to 30 degrees, extension to 40 degrees, bilateral rotation to 50 degrees, and lateral flexion bilaterally to 30 degrees. The CT of the cervical spine dated 12/30/2013 revealed mild to moderate central stenosis at C3-C4 and left mild to moderate neural foraminal stenosis at C3-X4 with minimal ventral subluxation of C2 on C3 without facet joint dislocation and slight ventral subluxation of C3 on C4 without facet joint dislocation. Findings also included fusion of the left C3-C4 facet joint. Flexion and extension cervical x-rays performed on 12/30/2013 revealed 2-3mm ventral subluxation of C3 over C4 which stays in subluxation position on extension as well as moderate to severe facet arthropathy of C3-C4 on the left and mild on the right. The injured worker's diagnoses included cervical discectomy and fusion at C5-C6, C6-C7, as well as fusion of left C3-C4 facet joint, fixed flexion kyphotic deformity and facet arthropathy at C3-C4. The injured worker's medication regimen was not provided within the documentation available for review. According to the requesting physician, the request is based on subjective complaints,

objective examination findings, failure to respond to conservative measures and current CT scan results. The request for authorization of anterior cervical discectomy fusion at C3-4 and a two (2) day inpatient stay was submitted on 02/10/2014.

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

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

#### **ANTERIOR CERVICAL DISCECTOMY FUSION AT C3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The California ACOEM guidelines recommend that surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or extreme progression of symptoms. In addition, the documentation should provide clear clinical, imaging and electrophysiologic evidence. The effectiveness of cervical fusion for injured worker's with chronic cervical pain without instability has not been demonstrated. The injured worker is noted to have positive Spurling's test and positive foraminal compression test. According to CT results and x-ray results provided, the injured worker was noted to have subluxation; however, the degree of subluxation was 2-3mm. The clinical information provided indicated the injured worker had failed conservative care; however, there was a lack of information detailing what conservative care the injured worker has been provided. Therefore, the request for cervical discectomy fusion at C3-4 is not medically necessary.

#### **TWO (2) DAY INPATIENT STAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

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

**Decision rationale:** Since the primary procedure of the cervical discectomy fusion at C3-4 is not medically necessary, this associated service is not medically necessary.