

<b>Case Number:</b>	CM14-0019269		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopaedic 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 56-year-old male sustained an industrial injury on 10/29/12 relative to a motor vehicle accident. Injuries were reported to the head, neck, low back, bilateral hips, bilateral knees, right lower extremity and left upper extremity. The patient underwent transforaminal lumbar interbody fusion with posterior instrumentation of L5 through S1 on 2/26/13, with subsequent revision of the L5/S1 interbody fusion on the right for loose screws on 7/25/13. The 1/10/13 cervical MRI impression documented posterior disc bulges at C4/5, C4/5, C6/7, and C7/T1 with mild central canal narrowing. There was left sided mild to moderate C4/5 neuroforaminal narrowing and anterior cervical spondylosis at C5/6 and C6/7. The 10/29/13 AME report cited subjective complaints of daily neck pain and stiffness, with radiating pain to the left upper extremity and hand with numbness. Cervical exam findings documented left cervicothoracic tenderness, 55-70% loss of cervical range of motion, normal upper extremity motor and deep tendon reflexes, and decreased C5 and C6 sensation on the left. Cervical spine x-rays were taken and revealed varying degrees of narrowing of the lower neural foramina with moderate to severe narrowing at C5/6 and likely at C6/7, although not well-visualized. The 11/26/13 electrodiagnostic study conclusions included mild bilateral carpal tunnel syndrome, possible distal right tibial neuropathy, and possible right L5 radiculitis. There was increased insertional activity noted at multiple levels in the left sided cervical paraspinal, and no distal denervating findings were noted. The patient was seen on 1/21/14 with on-going neck pain radiating to the left upper extremity. Physical exam findings demonstrated mild weakness in the left hand intrinsic, 5/5 upper extremity motor, negative Hoffman signs, and no clear sensory loss or reflex changes. The 1/30/14 utilization review non-certified the request for two level fusions from C5 to C7 as the clinical and imaging documentation did not meet guideline criteria and there was an absence of documented conservative treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C5-6 AND C6-7 ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH PLATING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck Chapter, Fusion, anterior cervical.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

**Decision rationale:** Under consideration is a request for C5-6 and C6-7 anterior cervical discectomy and fusion with plating. California Medical Treatment Utilization Schedule guidelines do not address cervical fusion for chronic injuries. The Official Disability Guidelines recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the cervical spine had been tried and failed. Epidural steroid injections have been approved but do not appear to have been provided. There is no clear imaging or electrodiagnostic evidence of nerve root compression or canal/foraminal stenosis, correlated with clinical findings. Therefore, this request for C5-6 and C6-7 anterior cervical discectomy and fusion with plating is not medically necessary.

### **MEDICAL CLEARANCE:** 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.