

<b>Case Number:</b>	CM14-0112445		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Spine Surgery, and is licensed to practice in Texas. 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 58-year-old female who reported injury on 07/24/2011. The mechanism of injury was the injured worker was walking on the sidewalk to a softball complex and was struck by a baseball on the right side of her face. The diagnoses included cervicalgia, cervical spinal stenosis, cervical spondyl with myelopathy, and brachial neuritis NOS. The prior treatments included epidural steroid injections, medial branch blocks, and chiropractic treatment. The injured worker had an MRI of the cervical spine on 07/17/2014 which revealed at the level of C4-5 there was a grade 1 retrolisthesis of C4-5. There was a posterior disc osteophyte complex measuring 2 mm which effaced the anterior subarachnoid space. This resulted in mild canal stenosis. Central canal measured approximately 9 mm. There was right uncovertebral hypertrophy resulting in moderate to severe right neural foraminal stenosis. The left neural foramen is patent. At the level of C5-6, there was a posterior disc osteophyte complex protrusion measuring 2-3 mm effacing the anterior subarachnoid space resulting in moderate canal stenosis. The central canal measured 8 mm. There was bilateral uncovertebral hypertrophy left greater than right resulting in mild right and severe left neural foraminal stenosis. At the level of C6-7, there was a posterior disc osteophyte complex measuring 2 mm effacing the anterior subarachnoid space resulting in mild canal stenosis. The central canal measured 9 mm. There was a left uncovertebral hypertrophy resulting in moderate left neural foraminal stenosis. The right neural foramen appeared patent. The documentation indicated the injured worker underwent an EMG and NCV. The results were not made available for review. The injured worker had a 7 view c-spine x-ray which demonstrated marked spondylosis as manifested primarily by disc height loss and osteophyte formation at C6-7 greater than C5-6 and greater than C4-5. There was a very low grade spondylolisthesis at C3-4 that did not meet the criteria for instability. There was neural foraminal narrowing on the right at C4-5 and on the left at C5-6

and C6-7. The documentation of 06/06/2014 revealed the injured worker was complaining of neck pain radiating to bilateral shoulders and lateral upper extremity exacerbated with neck flexion, extension, and lateral bending. The injured worker indicated she was dropping objects like paper and credit cards in the summer of 2013 but had slowly improved. The physical examination revealed the cervical range of motion was 50% to 75% of normal. The injured worker had slight tenderness to palpation of the left trapezius. The strength was 5/5 in the bilateral upper extremities. The sensation was intact in the bilateral upper extremities. The biceps, triceps, brachioradialis, knee, and ankle deep tendon reflexes were +1 and symmetrical. The Spurling's elicited axial pain only and was relieved with traction. The documentation indicated the MRI was reviewed and the findings were worse than the prior study in 2011. The diagnosis was cervical spondylosis with intermittent radiculopathy, cervical spinal stenosis, and cervical radiculitis. The follow-up was set for 1 year. There was a request for authorization requesting the surgical intervention.

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

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

**Anterior cervical discectomy with PCM cervical TDR C4-5, C5-6, C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA regulations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The ACOEM guidelines indicate that a surgical consultation may be appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month or with extreme progression of symptoms, and have clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. The MRI supported the necessity for surgical intervention at the level of C5-6. However, there was a lack of documentation of electrophysiologic evidence. There was no EMG/NCV submitted for review. Additionally, there was a lack of documentation indicating the injured worker had exhausted conservative care. This portion of the request would not be supported. The ACOEM does not address disc replacement. As such, secondary guidelines were sought. The Official Disability Guidelines does not recommend disc prosthesis. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for anterior cervical discectomy with PCM cervical TDR C4-5, C5-6, and C6-7 is not medically necessary.

**Assistant surgeon: 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.

**Pre-operative appointment:** 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.

**Spinal cord monitoring:** 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.