

<b>Case Number:</b>	CM14-0138930		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/03/2001
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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:

According to the records made available for review, this is a 76-year-old female with a 10/3/01 date of injury. At the time (8/7/14) of request for authorization for Anterior Cervical Discectomy and Fusion at C3-4, C4-5, C5-6, and C6-7 using a minimal invasive technique using operative microscope and Cardiac preoperative clearance, there is documentation of subjective (severe neck pain radiating into the right upper extremity associated with weakness and numbness of the right arm and hand) and objective (4/5 strength of right fingers flexors and intrinsic muscles, sensory loss to light touch, pinprick, and two point discrimination in the right first, second, and third fingers, severe atrophy of the thenar muscle on the right side, and positive Tinel's test and Phalen's test) findings, imaging findings (MRI of the cervical spine (8/5/14) report revealed moderate C3/C4 through C6/C7 spinal canal stenosis with cord effacement and moderate bilateral foraminal stenosis from C3/C4 through C6/C7), current diagnoses (cervical radiculopathy secondary to spinal cord compression at C3-4, C4-5, C5-6, and C6-7), and treatment to date (medications and physical therapy). Medical report identifies that an EMG/NCV on 12/10/13 was consistent with chronic left C5-C6 radiculopathy. There is no documentation of evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level (C3-C4 and C4-C5).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Cervical Discectomy and Fusion at C3-4, C4-5, C5-6, and C6-7 using a minimal invasive technique using operative microscope: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of 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, as criteria necessary to support the medical necessity of cervical decompression. Official Disability Guidelines (ODG) identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of a diagnosis of cervical radiculopathy secondary to spinal cord compression at C3-4, C4-5, C5-6, and C6-7. In addition, there is documentation of failure of at least a 6-8 week trial of conservative care (medications and physical therapy). Furthermore, given documentation of subjective (severe neck pain radiating into the right upper extremity associated with weakness and numbness of the right arm and hand) and objective (4/5 strength of right fingers flexors and intrinsic muscles, sensory loss to light touch, pinprick, and two point discrimination in the right first, second, and third fingers, and severe atrophy of the thenar muscle on the right side) findings, there is documentation of evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level (C5-C6 and C6-C7). Lastly, given documentation of imaging findings (moderate C3-C4 through C6-C7 spinal canal stenosis with cord effacement and moderate bilateral foraminal stenosis from C3-C4 through C6-C7), there is documentation of an abnormal imaging (MRI) study with positive findings that correlate with nerve root involvement (C3-C4 through C6-C7). However, despite documentation that an EMG/NCV on 12/10/13 was consistent with chronic left C5-C6 radiculopathy, there is no documentation of evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level (C3-C4 and C4-C5). Therefore, based on guidelines and a review of the evidence, the request for Anterior Cervical Discectomy and Fusion at C3-4, C4-5, C5-6, and C6-7 using a minimal invasive technique using operative microscope is not medically necessary.

**Cardiac preoperative 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.