

<b>Case Number:</b>	CM14-0160116		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Surgeon 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 44-year-old female who reported an injury on 10/03/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included C6-7 fusion on 03/05/2014. The injured worker underwent a cervical spine MRI on 07/08/2014. It was documented that there was a small disc bulge at the C4-5 with mild indentation of the anterior thecal sac, a paracentral disc bulge with flattening of the right hemicord and moderate narrowing of the right neural foramen, status post discectomy and fusion at the C6-7 with no evidence of neural foraminal narrowing. The injured worker was evaluated on 08/28/2014. It was noted that the injured worker was having persistent radiating pain into the right upper extremity. Physical findings included well healed surgical incisions of the cervical spine. It was documented that the injured worker had 4/5 strength of the right deltoid and interossei and absent right triceps reflex. The injured worker's diagnoses included C5-6 degenerative disc disease with radiculopathy and 6 months status post C6-7 anterior fusion. It was noted that the injured worker had previously had significant improvement with the C5-6; however, she had had a recent exacerbation of pain. The injured worker's treatment plan included epidural steroid injection and surgical intervention at the C5-6. No Request for Authorization was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: C5-C6 anterior discectomy & fusion with instrument & use of allograft bone/Intra Op spinal/monitoring: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The requested surgery of C5-6 anterior discectomy and fusion with instrument and use of allograft bone/intra op spinal/monitoring is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have evidence of instability that has failed to respond to conservative treatment. The clinical documentation submitted for review does not identify that the patient has exhausted all conservative treatment options for the C5-6 injury. The injured worker's most recent treatment plan included an epidural steroid injection. The results of this injection would need to be provided prior to the determination of the need for surgical intervention. As such, the requested surgery of C5-6 anterior discectomy and fusion with instrument and use of allograft bone/intra op spinal/monitoring is not medically necessary or appropriate.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**C5-C6 Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The requested C5-6 epidural steroid injection is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have clinically evident radiculopathy consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The injured worker has had extensive conservative treatment to the cervical spine. Additionally, the clinical documentation does indicate that the patient's most recent re-evaluation reflects radicular symptoms consistent with a C5-6 dermatomal distribution. The clinical documentation does include an imaging study that indicates there is a disc bulge at the C5-6 indenting on the

thecal sac and causing foraminal stenosis. Therefore, an epidural steroid injection at the C5-6 would be supported in this clinical situation. As such, the requested C5-6 epidural steroid injection is medically necessary or appropriate.