

<b>Case Number:</b>	CM14-0168959		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 52-year-old male steamer/refrigeration mechanic sustained an industrial injury on 8/11/14. Injury occurred when he was hit on top of the head by the tool box lid on his truck while locking up his tools. He reported severe pain the following day with onset of bilateral arm numbness and weakness. He reported neck grinding with movement. The 8/27/14 cervical spine MRI documented stable moderate cervical spondylosis from C3 to C7 levels. The 9/17/14 cervical spine x-rays documented slight anterior subluxation of C2 over C3 and C4 over C5. The degree of subluxation was unchanged on the flexion view and there was no evidence of anterior subluxation on the extension view. There was mild posterior marginal spurring and moderate and marginal spurring adjacent to the C5/6 and C6/7 disc spaces. There was marked disc space narrowing of C3/4, C5/6, and C6/7. The 9/23/14 treating physician cited constant grade 9/10 neck pain radiating to the bilateral upper extremities with numbness and tingling. Pain was aggravated by movement and relieved by pain medications. Medications included Norco and cyclobenzaprine. Physical exam documented decreased cervical range of motion with tenderness and pain. There was no bony tenderness, swelling, edema, or deformity. Hoffman's was negative bilaterally. L'hermites was positive. Neurologic exam documented normal sensation, strength, and reflexes. Gait was normal. The treating physician indicated that surgery was recommended by a neurosurgical consultant on 9/16/14. The treatment plan discussed possible cervical laminectomy with or without fusion. X-rays with flexion/extension views were ordered. The 10/1/14 utilization review denied request for cervical spine surgery as there was no documentation of recent conservative treatment, no detailed neurologic examination correlated to imaging findings, no documentation of segmental instability, and no specifics relative to the procedure being requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine surgery:** 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): 179-181, 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical

**Decision rationale:** The California MTUS guidelines do not recommend discectomy or fusion without conservative treatment for a minimum of 4 to 6 weeks or in the absence of nerve root compromise. Guidelines also recommend a pre-operative psychological evaluation. The Official Disability Guidelines recommend discectomy/laminectomy as an option if there is radiographically demonstrated abnormality to support clinical findings. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling's test, 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. Anterior cervical fusion may be an option with anterior cervical discectomy if clinical indications are met. Guideline criteria have not been met. There is no physical exam evidence of motor deficit, reflex changes, radicular pain or sensory symptoms in a cervical distribution or positive Spurling's test correlated with abnormal imaging findings. Evidence of 6 to 8 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. A psychological evaluation is not evidenced. There is no radiographic evidence of segmental instability. Therefore, this request is not medically necessary.