

<b>Case Number:</b>	CM14-0173246		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 31-year-old male with a 5/11/11 date of injury. At the time (9/15/14) of request for authorization for anterior discectomy and instrumental arthrodesis C5-C6, Posterior cervical Laminectomy C5-6 and C6-7, Inpatient LOS (days) QTY: 1, Surgical assistant QTY: 1, and Vista collar QTY: 1, there is documentation of subjective (severe right arm pain radiating to right trapezius and shoulder) and objective (non tender cervical paraspinals, weakness of left deltoid, biceps and triceps, and severely sensitive right arm) findings, imaging findings (CT of the cervical spine (8/4/14) report revealed degeneration at C5-6 with associated mild left neural foraminal narrowing and beam hardening artifact from spinal stimulator wires noted extending up to the level of C5), current diagnoses (cervical radiculitis and reflex sympathetic dystrophy of the right arm), and treatment to date (medications, epidural steroid injection, physical therapy, and ganglion injection). Regarding Anterior discectomy, there is no documentation of an abnormal imaging (CT) study with positive findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) that correlate with nerve root involvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request: Anterior discectomy and instrumental arthrodesis C5-C6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Indications for Surgery

**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:** MTUS reference to 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. 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 (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) 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 diagnoses of cervical radiculitis and reflex sympathetic dystrophy of the right arm. In addition, there is documentation of failure of at least a 6-8 week trial of conservative care. In addition, given documentation of objective (weakness of left biceps) findings, there is documentation of severe and disabling shoulder or arm symptoms (objective radicular findings in the requested levels (C6)). However, despite documentation of imaging findings (CT cervical spine identifying degeneration at C5-6 with associated MILD left neural foraminal narrowing), there is no documentation of an abnormal imaging (CT) study with positive findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for anterior discectomy and instrumental arthrodesis C5-C6 is not medically necessary.

#### **Posterior cervical Laminectomy C5-6 and C6-7: 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 med necessary, none of the associated services are medically necessary.

**Inpatient LOS (days) QTY: 1:** 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 med necessary, none of the associated services are medically necessary.

**Surgical assistant QTY: 1:** 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 med necessary, none of the associated services are medically necessary.

**Vista collar QTY: 1:** 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 med necessary, none of the associated services are medically necessary.