

<b>Case Number:</b>	CM14-0025944		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Fellowship trained in Spine 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:

The injured worker is a 48-year-old female who reported an injury on 10/16/2012. The mechanism of injury was the injured worker was lifting a package from the floor. The injured worker underwent an MRI of the cervical spine on 10/31/2013 which revealed at the level of C6-7, there was a 2 mm broad based spondylitic disc spur complex contiguous with marked bilateral uncovertebral hypertrophy. There was mild hypertrophy/redundancy of the ligamentum flavum. There was mild central canal stenosis. There was moderately severe bilateral foraminal stenosis, right greater than left. The documentation dated 01/22/2014 revealed the injured worker had moderate pain in the neck with radiating pain into the shoulders and down the arm. The injured worker had tenderness in the right paracervical area. The injured worker had weakness of the right triceps and right hand finger extensors. It was indicated the remaining motor testing was normal. The physician documented that he had reviewed the MRI, and the injured worker had high grade stenosis at C6-7. The physician further documented it was his opinion based on the MRI, which disclosed compression of the nerve both anteriorly and posteriorly, that the injured worker pursue an anterior cervical decompression and stabilization followed by a posterior foraminotomy at C6-7 on the right side only. It was indicated the injured worker was approved for the anterior procedure only. The physician documented that he explained to the injured worker that there was a 20% to 25% chance this would not be adequate, specifically performing an anterior procedure only, and at a later date they would have to return for a posterior procedure. The documentation indicated per the DWC form RFA, the injured worker had diagnoses of stenosis, disc herniation, radiculitis, and cervical sprain/strain. The request was made for a posterior C6-7 cervical laminectomy added to the anterior C6-7 cervical discectomy and fusion with instrumentation, which was already authorized. Additionally, it was documented if authorized, there would need to be a change from a 23 hour stay to a 2-3 day inpatient stay.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C6-7 CERVICAL LAMINECTOMY WITH A 2-3 DAY HOSPITAL STAY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, DISCECTOMY-LAMINECTOMY-LAMINOPLASTY, HOSPITAL LENGTH OF STAY.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have persistent, severe, and disabling shoulder and arm symptoms, activity limitations for more than 1 month, or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence consisting of the same lesion that has been shown to benefit from surgery in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. Additionally, they indicate that cervical nerve root decompression may be accomplished with a cervical laminectomy and disc excision with nerve root decompression. However, there are no Criteria for cervical surgery. As such, secondary guidelines were sought. The Official Disability Guidelines indicate there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. There should be evidence of motor deficit or reflex changes. There should be abnormal imaging to show positive findings that correlate with nerve root involvement found in previous objective physical and/or diagnostic findings, etiologies of pain such as metabolic sources, nonstructural radiculopathies, and/or peripheral sources should be addressed prior to surgical procedures, and there must be evidence that the injured worker has received and failed at least a 6 to 8 week trial of conservative care. The hospital length of stay for a laminectomy is 1 day. The clinical documentation submitted for review indicated the injured worker had objective signs and documented symptomatology to support that the injured worker had radicular pain. The physician documented that the injured worker had a high grade stenosis at C6-7. However, the MRI revealed mild central canal stenosis and moderately severe bilateral foraminal stenosis, right greater than left. It was indicated the injured worker had spondylitic disc spur complex, contiguous with marked bilateral uncovertebral hypertrophy. The injured worker had a diagnosis of radiculopathy to support the reason for the anterior surgical procedure. There was no clear documented rationale for both an anterior and posterior decompression. Given the above, the request for a C6-7 cervical laminectomy with 2-3 day hospital stay is not medically necessary. The ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have persistent, severe, and disabling shoulder and arm symptoms, activity limitations for more than 1 month, or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence consisting of the same lesion that has been shown to benefit from surgery in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment.

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