

<b>Case Number:</b>	CM14-0026907		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	02/12/2000
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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:

This 68-year-old male sustained an industrial injury on 2/12/00. He is status post multiple cervical surgeries including anterior cervical discectomy and fusion (ACDF) and laminectomies in 2000 and 2007, and posterior lateral C4/5 fusion and direct closure of a pseudomeningocele in October 2008. He did well overall post-operatively with continued mild neck pain and intermittent bilateral shoulder pain, and right upper extremity tingling. Some adjacent segment disease was noted at C3/4 and C6/7 without any neurologic deficits in December 2011. Epidural steroid injections were reported in November 2012 and March 2013. Records indicated a worsening of symptoms for which the patient sought treatment on 11/21/13. The 2/17/14 neurosurgical report cited intermittent right sided stabbing, burning neck pain with constant right shoulder burning and numbness and occasional left upper extremity tingling. Pain was aggravated with activity and alleviated with repositioning. Epidural steroid injections a year ago at C3/4 provided moderate relief and at C6/7 no relief. Minimal relief was noted with Neurontin. The patient was undergoing aqua therapy for his knee but had not had physical therapy for his neck. Objective exam documented 4/5 left triceps strength, intact light touch upper extremity sensation, normal deep tendon reflexes, steady gait, and ability to toe/heel walk. Cervical MRI findings demonstrated solid fusion at C4/5 and C5/6. There was bilateral foraminal stenosis at C3/4 secondary to a disc bulge, facet arthropathy, and retrolisthesis and severe bilateral foraminal stenosis at C6/7 secondary to a prominent disc and facet arthropathy. The patient had reportedly exhausted conservative treatment, including epidural steroid injections and aqua therapy, and wished to proceed with surgery. An anterior cervical discectomy and fusion at C3/4 and C6/7 with instrumentation followed by posterior cervical redo laminotomy and C3-T1 fusion with instrumentation was recommended.

## 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 C3-4, C6-7 WITH AEGIS INSTRUMENTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Fusion (Anterior)

**Decision rationale:** Under consideration is a request for anterior cervical discectomy and fusion C3/4 and C6/7 with Aegis instrumentation. The California MTUS guidelines do not provide recommendations for cervical surgery in chronic injuries. The Official Disability Guidelines recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of 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. Guideline criteria have not been met. There were not abnormal clinical neurologic findings at all of the levels considered for surgical intervention. There is no documentation that recent comprehensive conservative non-operative treatment has been tried and failed. Epidural steroid injections have not been attempted since the onset of the current symptoms in the fall of 2013. Physical therapy has been limited to aqua therapy for the knee. Therefore, the request for anterior cervical discectomy and fusion C3/4 and C6/7 with Aegis instrumentation is not medically necessary.