

<b>Case Number:</b>	CM14-0039419		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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:

The injured worker is a 54-year-old male who reported an injury on 03/19/2010. The mechanism of injury was a motor vehicle accident. Prior treatments included physical therapy, anti-inflammatory medications, and chiropractic care. The injured worker underwent an EMG/nerve conduction velocity study and F-wave latency studies which revealed the injured worker had an abnormal nerve conduction velocity study in the median nerve distribution on the right upper extremity suggestive of right carpal tunnel pathology that was moderate in degree. There was no significant evidence of any cervical radiculopathy. The documentation of 01/02/2014 revealed the injured worker had been treated with physical therapy, anti-inflammatories, and medications for temporary relief. The injured worker was noted to have no epidural injections. The physician indicated he had reviewed an MRI of the cervical spine on 07/16/2013 which showed severe degeneration and narrowing of the C5-6 disc space. The spinal cord was pressed posteriorly against the lamina and was flattened throughout including the left side of the cord. There was a radiopaque mass present behind the pedicle of C6 further compressing the spinal cord. At C4, there was a bone spur pressing on the left C5 nerve root and left nerve root canal narrowing. The physician's opinion was a recommendation of a disc replacement arthroplasty; spinal cord and nerve root decompression at C4-5 and C6. The subsequent documentation dated 01/09/2014 revealed the injured worker had severe restriction in flexion, extension, and rotation of the neck. The injured worker had decreased grip strength in the bilateral upper extremities. The injured worker had absent reflexes in the bilateral extremities. The injured worker had weakness of deltoid muscles in both upper extremities which were graded at 4/5. The injured worker had hyperactive reflexes in the lower extremities. The treatment plan included a decompression of the spinal cord at C5-6 with enlargement of the C6 nerve root canal.

Additionally, the treatment plan included a C4-5 discectomy and decompression of the C5 nerve root canal.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Decompression of Spinal Cord and Disc Replacement Arthroplasty At C4-5 AND C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 3/7/14).

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

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation is appropriate for injured workers who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, and clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-term and long-term, as well as unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had clear clinical evidence of a lesion and documentation of activity limitation. However, the MRI was not presented for review. The electrodiagnostic study indicated the injured worker had no evidence of cervical radiculopathy. Given the above, the request for decompression of spinal cord and disc replacement arthroplasty at C4-5 and C5-6 is not medically necessary.