

<b>Case Number:</b>	CM14-0055481		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 57-year-old male sustained an industrial injury on 12/4/06. The injury occurred when a set wall fell, knocking him over with this left lower extremity underneath it. Past surgical history was positive for right shoulder surgery for possible rotator cuff tear, left shoulder Bankart and rotator cuff repair, right total knee arthroplasty, and left total knee arthroscopy and revision. The patient underwent L4/5 and L5/S1 posterior decompression and instrumented fusion on 5/16/12. The patient was additionally diagnosed with recurrent left rotator cuff tear, bilateral carpal and cubital tunnel syndrome, and left hip trochanteric bursitis. The 10/7/10 cervical MRI documented C3/4 degenerative disc changes with severe spinal and neuroforaminal narrowing, and C4/5 disc bulge indenting the anterior cord with severe bilateral neuroforaminal narrowing. At C5/6, there was severe disc desiccation and disc space narrowing and a posterior spur indenting the anterior cord with moderate spinal stenosis and severe neuroforaminal narrowing. At C6/7, there was moderate disc desiccation and disc space narrowing with a posterior spur indenting the anterior cord with mild to moderate spinal stenosis and severe bilateral neuroforaminal narrowing. The 7/5/11 electromyography (EMG) was poorly tolerated by the patient with findings of a possible radial neuropathy on the left, or could suggest a lesion involving the brachial plexus or C7 nerve root. The 2/19/14 orthopedic progress report cited the patient's desire to concentrate on taking care of his neuritic symptoms from the cervical spine or his peripheral nerve entrapments before further treatment of his joints. Cervical surgery had been requested for his significant radiculopathy as evidenced on EMG. Objective findings were limited to a hand exam, with positive bilateral carpal tunnel signs and negative cubital tunnel signs. The treatment plan recommended continued medications and home exercise. The patient wanted to concentrate on the pain and neuritic symptoms in the upper extremity and was to continue treatment with the spinal surgeon. The 3/25/14 utilization review denied the request for cervical anterior discectomy

and fusion and hospital stay based on an absence of documented radicular pain or neurologic deficits to support the medical necessity of surgery.

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

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

#### **C5-6, C6-7 Anterior cervical discectomy and fusion: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Neck & Upper Back.

**MAXIMUS 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, Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

**Decision rationale:** MTUS Guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommends 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 is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the cervical spine had been tried and failed. There is no current documentation of clinical findings evidencing nerve root compromise consistent with the reported MRI findings. EMG evidence was inconclusive due to poor patient tolerance. A psychological screen for surgical clearance is not evidenced. There is no documented segmental instability. Therefore, the request is not medically necessary.

#### **Two (2) day inpatient stay: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Hospital length of stay (LOS).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary