

<b>Case Number:</b>	CM14-0092845		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 07/23/2007. The surgical history included a right knee arthroscopy. Prior therapies included epidural steroid injections. The mechanism of injury was the injured worker was attempting to pull a mold out of an oven; as he pulled the mold out, he turned his body to the left, felt pain, and heard a popping noise from his lumbar spine and right knee. The injured worker had x-rays of the cervical spine, which revealed narrowing of the C5 disc space on 03/12/2014. The injured worker was noted to have undergone an MRI of the cervical spine on 02/21/2014, which revealed at the level of C5-6 there was a 2 mm posterior disc osteophyte complex with moderate facet arthropathy with moderate right neural foraminal narrowing; and at C6-7, there was a 3 mm posterior disc osteophyte complex with spinal stenosis and facet arthropathy as well as mild neural foraminal narrowing. The injured workers medications included Hydrocodone, and Medrox patches. Documentation of 03/12/2014 revealed prior surgical history was noncontributory. The injured worker had complaints of cervical spine pain radiating from the neck into the bilateral upper extremities into the hands, greater on the right with associated numbness and tingling in the hands. The physical examination revealed 2+ tenderness and spasms with palpation. There was point tenderness over the cervical spinous processes. There was decreased range of motion in all planes and increased pain in bilateral rotation. The Spurling's test was positive bilaterally, greater on the right. The injured workers upper extremity motor strength was 4/5 in wrist extension on the right and was 4-/5 in the bilateral elbow extension. The injured worker had wrist extension strength of 5-/5 on the left. The injured workers deep tendon reflexes were 1 on the left for the biceps, brachioradialis, and triceps. The deep tendon reflexes were 2 in the biceps and brachioradialis and 1 in the triceps on the right upper extremity. Diagnoses included C5-6 2 mm posterior disc osteophyte complex with moderate facet arthropathy with moderate right neural foraminal

narrowing, and at C6-7, a 3 mm posterior disc osteophyte complex with spinal stenosis with facet arthropathy and mild left neural foraminal narrowing. The treatment plan included an anterior cervical discectomy and fusion at C5-6 and C6-7. There were detailed Requests for Authorization for the submitted procedure.

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

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

#### **OUTPATIENT SURGERY: ANTERIOR CERVICAL DISCECTOMY & FUSION @ C5-C6 & C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to provide electrophysiologic evidence of a lesion to support surgery. The official MRI report for the cervical spine was not provided. There were objective findings upon examination. There was a lack of documentation indicating the injured worker had a failure of conservative care. If the procedure was approved for the anterior cervical discectomy, the request for a fusion would be supported due to iatrogenic effects. Given the above, the request for Outpatient Surgery: Anterior Cervical Discectomy & Fusion @ C5-C6 & C6-C7 is not medically necessary.