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| <b>Case Number:</b>   | CM14-0208618 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 08/07/2014 |
| <b>Decision Date:</b> | 02/25/2015   | <b>UR Denial Date:</b>       | 11/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41-year-old male who reported an injury on 08/07/2014 due to an unspecified mechanism of injury. On 09/26/2014, he underwent an MRI of the cervical spine which showed evidence of degenerative disc disease and facet arthropathy, canal stenosis including the C3-C4 which was mild, severe C4-5, and C5-6 moderate canal stenosis with marked contact and distortion of the cervical cord at C4-5 due to disc material; neural foraminal narrowing including the C3-4 moderate right, C4-5 moderate to severe left, and C5-6 left, mild right neural foraminal narrowing. On 11/18/2014, he presented for a followup evaluation. He reported experiencing an increase in neck pain and had developed a head tilt towards the right side, and was unable to extend the cervical spine without development of severe left arm pain. He also reported a distal radiation of pain in the entire left upper extremity with numbness of the left hand and forearm. A physical examination showed a head tilt towards the right side. He was unable to assume and correct the neutral position of the cervical spine without development of left radicular pain that radiated into the arm and forearm, and he was unable to extend his cervical spine without development of radicular pain into the left arm and forearm. Left rotation was limited, there was weakness of the grip strength on the left side, and he had weakness of the left biceps muscle. There was also some weakness of the intrinsic muscles of the left hand manifested by difficulty spreading his fingers apart. Dorsiflexion and plantar flexion of the wrist was slightly impaired, there was depression and absence of the left biceps reflex, and there was no weakness of the legs or gaited ataxia. It was recommended that he undergo surgery. Documentation regarding surgical history, medications, and past treatments was not provided for

review. The treatment plan was for an anterior cervical disc excision C4-5 and C5-6 with disc arthroplasty at the C4-5 and C5-6 at 2 levels. The Request for Authorization form and rationale were not provided for review.

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

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

**Anterior Cervical disc excision C4-C5 and C5-6. Disc arthroplasty C4-5 and C5-6 2 levels:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy.

**Decision rationale:** The CA MTUS/ACOEM Guidelines recommend a surgical consultation for those who have persistent, severe and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion; or unresolved radicular symptoms after conservative treatment. The Official Disability Guidelines state that discectomy is recommended as an option if there is a radiographically demonstrated abnormality to support clinical findings consistent with one of the following: (1) Progression of myelopathy or focal motor deficit; (2) Intractable radicular pain in the presence of documented clinical and radiographic findings; or (3) Presence of spinal instability when performed in conjunction with stabilization. There is a lack of documentation showing that the injured worker has undergone all recommended conservative care to support the request for a surgical intervention. In addition, there is a lack of evidence that the injured worker has the presence of spinal instability and no electrodiagnostic studies were provided to support the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.