

<b>Case Number:</b>	CM14-0208772		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	11/13/2014
<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: Illinois, California, 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:

This male injured worker sustained a work related injury on 05/21/13. The mechanism of injury was not documented. The 11/13/14 utilization review non-certified the request for C4/5 anterior cervical discectomy and fusion based on no documentation of subjective radicular findings in the C4/5 nerve root distribution. The 11/18/14 treating physician appeal report cited radicular neck pain and diminished sensation in a C5 dermatomal distribution. Physical exam documented paraspinal tenderness, normal range of motion, and positive Spurling's sign. There was normal upper extremity strength and reflexes. The diagnosis was cervical radiculopathy. The treating physician stated that there were MRI findings of a C4/5 disc herniation. The injured worker had failed conservative treatment for more than one year, including anti-inflammatory and physical therapy. A C4/5 anterior cervical discectomy and fusion was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery - spinal anterior cervical discectomy and fusion @ C4-C5, Cervical Spine:**  
 Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Reed Group/The medical Disability Advisor, and ODG-TWC, Disability Duration Guidelines.

**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:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provides specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings 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. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. Guideline criteria have been reasonably met. The submitted records included only the utilization review decision and appeal letter. This patient presents with a signs/symptoms consistent with a C5 dermatomal pattern. He has failed long-term conservative treatment, including physical therapy and anti-inflammatories. The treating physician reports the presence of a disc herniation at C4/5 on imaging. The clinical and imaging findings support the diagnosis. Reasonable non-operative treatment has been tried and failed. Therefore, this request is medically necessary at this time.