

<b>Case Number:</b>	CM15-0006873		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Minnesota, Florida  
 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 61 year old female, who sustained an industrial injury on 04/14/2006. Progress notes dated 11/21/2014 document neck pain with radicular pain and numbness/weakness in the upper extremities. She has daily migraine headaches and the radicular symptoms in both upper extremities have been progressively worse. She is losing some motor control in her hands and dropping objects. On examination she was noted to have a decreased range of motion of the cervical spine and radicular pain with neck extension. A Neurosurgical consultation documents sensory, motor, and deep tendon reflex findings corroborating the MRI findings with herniations and evidence of nerve root compression at C5-6, and C6-7. The diagnoses have included axial cervical neck pain and cervical radiculopathy with subjective and objective findings including recently progressive left arm weakness. Treatment to date has included non-surgical treatments and physical therapy. Treatment plan includes C5-C6, and C6-C7 anterior cervical discectomy and fusion. On 12/18/2014, Utilization Review non-certified C5-C6, C6-C7 anterior cervical discectomy and fusion noting absence of a psychological evaluation, unknown smoking history, and a question about other treatment in the past. The CA MTUS, ACOEM, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5 - C6, C6 - C7 anterior cervical discectomy and fusion: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180, 181.

**Decision rationale:** California MTUS guidelines recommend surgical considerations for 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 and long-term and unresolved radicular symptoms after receiving conservative treatment. If surgery is a consideration counseling and discussion regarding the likely outcomes, risks and benefits and especially expectations is essential. Documentation indicates that this has been done. It was explained that surgery would likely help the radicular symptoms in the upper extremities but may not completely relieve the neck pain. The subjective and objective findings of the recent examinations are corroborated by the MRI findings of nerve root compression at C5-6 and C6-7. There has been progression of the neurologic deficit documented. The guideline criteria have been met. The psychological evaluation is not an absolute requirement. As such, the request for anterior cervical discectomy and fusion at C5-6 and C6-7 is supported by guidelines and the medical necessity of the request is substantiated.