

<b>Case Number:</b>	CM15-0009080		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/29/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

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(IW) is a 54 year old male who sustained an industrial injury to the cervical spine on 03/29/2008. He has reported constant moderate to moderately severe pain that sometimes increases to severe and is aggravated by twisting, turning, and bending activities. He also has radiations to bilateral upper extremities with numbness , paresthesia and weakness. The pain interferes with his sleep. Currently, the IW complains of neck pain. His diagnoses include cervical spondylosis C4-5, C5-6, and C6-7 with radiculopathy to the upper extremities, left greater than right. Treatments have included epidural injections that provided about 70% improvement for about 7 days and then the pain returned to the same level. According to provider notes of 12/16/2014, the IW had a provocative discogram on 09/09/2013 which was unequivocally positive at C5-6 and C6-7 and negative at C4-5 and discordant pain at C3-4. The EMG showed acute bilateral C5-C6 and C7 radiculopathy. A MRI of the cervical spine from 01/04/2013 revealed 2mm disc protrusions at C4-5, C5-6, and C6-7 with disc desiccation. Based on these findings and the failure to have lasting relief from the epidural injection and the IW's ongoing pain, an anterior cervical fusion and discectomy at C5-6 and C6-7 was recommended. On 01/06/2015 Utilization Review non-certified an Anterior cervical discectomy and fusion with 1 to 2 days in-patient stay, noting the EMG and MRI's provided in the packet for their review were from 2011 and did not correspond with the information given by the physician recommending the surgery. The ACOEM - <https://www.acoempracguides.org/> Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders

were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of the non-certified items.

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

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

#### **1 Anterior cervical discectomy and fusion with 1 to 2 days in-patient stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine;Table%202,Summary%20of%20Recommendations,Cervical%20and%20Thoracic%20Spine%20Disorders)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non radiating pain or in absence of evidence of nerve root compromise. There is not evidence of significant nerve root compromise on the MRI from 1/4/13. The patient has radiating pain from the exam notes of 12/16/14 but this does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is non-certified.