

<b>Case Number:</b>	CM15-0102068		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: 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:

The injured worker is a 65-year-old male who sustained an industrial injury on 11/26/12. The mechanism of injury was not documented. He underwent right shoulder arthroscopy with repair of SLAP lesion, rotator cuff repair, bursectomy, release of coracoacromial ligament, acromioplasty and distal clavicle excision on 6/24/14. The 1/25/13 cervical spine MRI showed multilevel degenerative changes from C3/4 to C6/7 with posterior disc protrusions at C3/4 (2-3 mm), C4/5 (2-3 mm), C5/6 (3-4 mm), and C6/7 (2-3 mm) with associated foraminal narrowing and mild to moderate canal stenosis. The 1/5/15 orthopaedic surgeon report cited neck pain to the right upper extremity. There was mild to moderate limitation in cervical range of motion. Sensation was decreased over the right thumb, index and some in the ring finger. Motor function was slightly decreased over the right biceps, triceps and wrist extensors 5-/5. Deep tendon reflexes were symmetrical. Symptoms were reported consistent with mostly C6 but some C7 radiculopathy. Cervical x-rays showed C5-7 spondylosis with traction osteophyte formation. MRI showed a disc protrusion at C5/6 and C6/7 but was over a year old. EMG showed polyneuropathy consistent with his diabetes. An updated MRI was requested and C5-7 fusion recommended. The 4/8/15 treating physician report cited on-going neck pain radiating over the right shoulder and down his arm. He also had low back and right shoulder pain. A new MRI had been done but was not available for review. The remainder of the exam was of the right shoulder. The 4/16/15 orthopaedic report cited complaints of neck pain with numbness in the right thumb and ring finger, and diffuse upper extremity weakness. Authorization was requested for anterior cervical discectomy and fusion C5-7. The 4/28/15 utilization review non-certified the request for anterior cervical discectomy and fusion C5-7 as there were no objective findings on exam or positive EMG findings that would indicate the presence of cervical radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Anterior cervical discectomy fusion C5-7: 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- Neck & Upper Back-Fusion, anterior cervical.

**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) provide 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. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have been met. This injured worker presents with neck pain and thumb and ring finger numbness. Clinical exam findings evidence radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the neck and failure has been submitted. Therefore, this request is medically necessary at this time.