

<b>Case Number:</b>	CM15-0140971		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/11/2015
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

This injured worker is a 52-year-old female who sustained an industrial injury on 1/11/15. Injury occurred while she was working as a nursing assistant and a patient fell on top of her. Conservative treatment included medications, activity modification, and physical therapy. The 4/22/15 initial spine surgery report cited neck pain radiating down the right arm and low back pain radiating down the right leg. She had returned to modified duty with significant worsening of symptoms over the last week. She reported that she had poor balance and numbness and tingling in her right hand. Physical exam documented no obvious spinal deformity, minimal generalized pain to palpation, 5/5 upper and lower extremity motor strength, and decreased right C6 and C7 and right L4, L5, and S1 dermatomal sensation. She did not have Hoffman's or clonus. Deep tendon reflexes were 3/4 throughout the upper and lower extremities. X-rays and MRI of the cervical spine were recommended. The 5/21/15 cervical MRI documented a 3 mm midline and right paracentral disc protrusion at C4/5 with mild central canal narrowing and a 2 mm right foraminal disc osteophyte complex abutting the right cervical nerve root. At C5/6, there was a 3 mm midline and left paracentral disc protrusion resulting in flattening of the cord with moderate central canal narrowing and 3 mm disc osteophyte complexes resulting in abutment of the exiting nerve roots. At C6/7, there was a 2 mm midline disc protrusion with mild central canal narrowing and 2 mm disc osteophyte complex abutting the nerve roots. Authorization was requested for anterior cervical discectomy and fusion (ACDF) at C4/5 and C5/6 and 2 day inpatient length of stay. The 6/15/15 utilization review modified the request for ACDF at C4/5 and C5/6 to ACDF at C5/6 as there were minimal findings at C4/5. The request

for a 2-day inpatient stay was modified to one-day stay consistent with guidelines for a single level fusion. The 6/29/15 treating physician report indicated that the injured worker had signs and symptoms of myelopathy that had not changed. A request for ACDF at C4/5 and C5/6 had been denied at the C4/5 level despite peer-to-peer discussion. Physical exam was unchanged except for noted difficulty performing tandem gait. The treating physician indicated the injured worker had severe stenosis at C5/6 and mild to moderate stenosis at C4/5. The treatment plan recommended proceeding with a one-level surgery, ACDF at C5/6.

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

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

#### **Anterior cervical decompression and fusion at C4-5: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back, Fusion, anterior cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-181. 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. 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 worsening neck pain radiating down the right upper extremity with numbness and tingling in the right hand. She reported balance issues and had difficulty with tandem gait. Signs and symptoms are consistent with imaging evidence of plausible right-sided nerve root compression at the C4/5 level. Clinical findings are consistent with imaging evidence of cord flattening at the C5/6 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Associated surgical service: Two (2) day inpatient stay: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hospital length of stay (LOS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical fusion is 1 day, with a mean length of stay of 2 days. Given this request is for 2-level cervical fusion, a 2-day length of stay is medically appropriate. Therefore, this request is medically necessary.