

<b>Case Number:</b>	CM15-0160579		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 53 year old female, who sustained an industrial injury on 04-16-2013. She has reported injury to the neck and low back. The diagnoses have included significant mechanical neck pain, frequent, moderate to severe; degenerative cervical disc disease at C5-C6 and C6-C7; cervical spondylosis; cervical stenosis with radiculopathy; pain in joint of right shoulder; right hip pain; lower back pain; and arthralgia of ankle or foot. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, physical therapy, and home exercise program. Medications have included Tramadol, Ibuprofen, and Cyclobenzaprine. A progress report from the treating physician, dated 07-16-2015, documented an evaluation with the injured worker. The injured worker reported frequent episodes of neck pain radiating to the scapular and upper arm that aggravates with activities; she has concomitant mid thoracic pain and lower back pain; she was advised to have surgery at two levels, C5-C6 and C6-C7; and she is being seen for a second opinion. Objective findings included left more than right hyperreflexia of the knee, non-revealing plantar; range of motion of her leg is normal in all directions; range of motion of arms in all direction is present; neck is mildly tender at the C4-C5 down to C7-T1; the MRI of the cervical spine showed advanced degeneration of C5-C6 and C6-C7 discs; and she would likely improve by 70-80% in regard to her mechanical neck pain and arm radiculopathy by having surgery, cervical fusion at C5-C6 and C6-C7. The treatment plan has included the request for anterior cervical discectomy and fusion at C5-C6 and C6-C7 and allograft; associated surgical service-anterior instrumentation; associated surgical service-inpatient hospital stay;

associated surgical service-assistant surgeon; associated surgical service-intraoperative monitoring; post-op x-ray-cervical spine; and associated surgical service-Cermax collar.

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

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

**Anterior cervical discectomy and fusion at C5-C6 and C6-C7 and allograft:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The injured worker is a 53-year-old female with a date of injury of 4/16/2013. She complains of neck and back pain. The MRI report dated 1/27/2015 indicates a two-year history of neck pain and headaches after being struck by a forklift. The conclusion was: 1. Disc osteophyte complexes at C5-6 and C6-7 contribute to significant neural foraminal narrowing at these levels. 2. Single focus of high signal in the dorsal right cord at the level of C6. This is somewhat concerning for a focus of myelomalacia or possibly a demyelinating process. Correlate with clinical exam and consider MRI of the brain. Flexion/extension x-rays of the cervical spine dated 12/22/2014 revealed grade 1 anterolisthesis of C4 on C5 which partially reduces with extension. Suggest mild instability at this level. Degenerative spondylitic changes dominant at C5-C7. A prior request for anterior cervical discectomy and fusion was noncertified for lack of a diagnostic/therapeutic epidural steroid injection. The most recent progress note is dated 8/17/2015. She was complaining of neck and back pain. The notes described chronic neck pain from degenerative joint disease in cervical areas C5-6 and C6-7. The pain level was 4-5/10. On examination gait was normal. There was no tenderness in the cervical area. There was left paraspinal and trapezius tenderness and right paraspinal and trapezius tenderness. Range of motion was full. There was pain with flexion and extension. Spurling's maneuver was negative. The assessment was: Neck pain, low back pain, arthralgia of ankle or foot, degenerative joint disease of cervical spine, and spondylolisthesis (lumbar). The subjective complaints document no upper extremity paresthesias and no upper extremity weakness. However, a neurologic examination is not documented. The disputed request pertains to anterior cervical discectomy and fusion at C5-6 and C6-7. California MTUS guidelines indicate surgical considerations for severe spinal vertebral pathology and severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. Referral for surgical consultation is indicated for patients who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, 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. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. In this case, although the patient complains of neck pain, the documentation does not indicate the presence of persistent severe

and disabling shoulder or arm symptoms. There is no 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. Epidural steroid injections have not been tried and so the diagnosis is not clear. The clinical picture as described does not meet the criteria for a cervical fusion per evidence-based guidelines. The documentation did not describe severe upper extremity symptoms, Spurling was negative and no weakness or paresthesias in the upper extremities were noted. The guidelines clearly indicate that patients with neck or upper back pain without evidence of instability or strong findings of nerve root dysfunction rarely benefit from surgical consultation or surgery. As such, the request for anterior cervical discectomy and fusion at C5-6 and C6-7 is not supported and the medical necessity of the request has not been substantiated.

**Associated surgical service - anterior instrumentation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Associated surgical service - inpatient hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Associated surgical service - assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Associated surgical service - intraoperative monitoring: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Post-op x-ray - cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Associated surgical service - Cermax Collar: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.