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| <b>Case Number:</b>   | CM15-0165106 |                              |            |
| <b>Date Assigned:</b> | 09/02/2015   | <b>Date of Injury:</b>       | 01/14/2011 |
| <b>Decision Date:</b> | 10/06/2015   | <b>UR Denial Date:</b>       | 08/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/24/2015 |

### 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: Montana, Oregon, Idaho  
 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 51 year old female who sustained an industrial fall injury on 01-14-2011. The injured worker was diagnosed with degenerative disc disease lumbar region, cervical degenerative disc disease with spinal stenosis, headaches and morbid obesity. The injured worker is status post remote lumbar back surgery in 2001. Treatment to date for the cervical spine has included diagnostic testing with recent cervical spine magnetic resonance imaging (MRI) in February, 2014 and cervical spine X-rays on June 30, 2015, cervical epidural steroid injections, conservative measures and medications. According to the primary treating physician's progress report on July 15, 2015, the injured worker continues to experience neck pain radiating to both arms and all digits, right side worse than the left. The injured worker also reported dropping objects and headaches. The injured worker rated her current pain at 8 out of 10 on the pain scale. Examination demonstrated upper extremity motor strength in all groups as 4 plus out of 5. Sensation was decreased below the C5 dermatomal distribution. Hoffman's was negative. Current medications were listed as Norco 10mg-325mg, Nucynta ER, Cymbalta, Wellbutrin, Ativan and Nexium. Treatment plan consists of the current request for an anterior cervical discectomy and fusion at C6-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One anterior cervical discectomy and fusion with instrumentation and autograft or allograft at the levels of C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Neck & Upper Back (Updated 06/25/2015), Discectomy-laminectomy-laminoplasty; Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case, the exam notes from 7/15/15 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. In addition, there is no evidence of correlating nerve root compromise from the exam of 7/15/15 with the MRI from 2/4/15. The exam documents neck pain radiating to both arms, right greater than left, but the MRI report only notes mild central canal stenosis and left sided foraminal stenosis at left C6-7. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.