

<b>Case Number:</b>	CM15-0215310		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 57-year-old male with a date of injury of 9/2/2013. Progress notes referred to an MRI scan of 1/31/2014 which revealed multilevel degenerative changes in the cervical spine with moderate spinal canal narrowing at C5-6 and C6-7. There was moderate to severe left C5-6, mild right C5-6 and moderate to severe bilateral C6-7 foraminal narrowing. EMG and nerve conduction study of 11/5/2013 revealed mild right carpal tunnel syndrome. There was no electrophysiologic evidence of right cervical radiculopathy. Office notes dated October 7, 2015 indicate cervical flexion of 45°, extension 30°, right lateral flexion 10° and left lateral flexion 10°. There was spasm and tenderness on the right side. Spurling maneuver did not cause radicular symptoms. Examination of the right shoulder revealed a positive Hawkins, positive Neer and empty can. Speed's was negative. O'Brien's was positive. Motor strength was a grip of 4+/5 on the right and 5/5 on the left, wrist extensors 4/5 on right, elbow flexors 5/5 bilaterally, elbow extensors 4/5 on right and shoulder abduction 5/5 on both sides. Sensory examination revealed decreased light sensation on the right at C4-C7. Spurling was negative. There was a positive Phalen's and Tinel's at the right wrist. The clinical presentation was consistent with cervical radiculopathy versus carpal tunnel syndrome's cervical facet syndrome and cervical paraspinal spasm and right shoulder impingement syndrome. Authorization for surgery was requested. A utilization review dated 10-16-2015 non-certified a request for cervical spinal fusion - C5-C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spinal fusion at C5-C7: 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:** 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. 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. In this case the EMG and nerve conduction study was negative. Spurling's is negative and there is evidence of shoulder pain with impingement signs as well as carpal tunnel syndrome which further complicates the clinical picture. The electrophysiologic evidence does not corroborate the MRI or clinical findings. As such, the medical necessity of the two-level anterior cervical discectomy and fusion is not established.