

<b>Case Number:</b>	CM15-0085497		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 38-year-old male who sustained an industrial injury on 3/12/13. The mechanism of injury was not documented. Past surgical history was positive for right rotator cuff repair. Past medical history was positive for hypertension. Social history was negative for smoking. The 3/30/15 cervical spine MRI conclusion documented 1 to 2 mm broad-based posterior disc protrusions at C3/4, C4/5, and C5/6 without evidence of canal stenosis or neuroforaminal narrowing. At C6/7, there was a 2-3 mm broad-based posterior disc protrusion resulting in left neuroforaminal narrowing with left exiting nerve root compromise. The 4/1/15 treating physician report cited persistent neck pain radiating to the bilateral upper extremities with radicular complaints. Physical exam documented cervical paraspinal muscle tenderness, normal range of motion, 5/5 upper extremity strength, and 2+ and symmetrical deep tendon reflexes. There was diminished sensation over the C7 dermatomes. The cervical MRI showed a C6/7 disc herniation. The injured worker was not improving. Authorization was requested for C6/7 anterior cervical discectomy and fusion. The 4/15/15 utilization review non-certified the request for anterior cervical discectomy and fusion at C6/7. The rationale for non-certification was not provided, although it was noted that there was no official MRI report. The 4/17/15 treating physician appeal stated that the injured worker had a C6/7 disc protrusion causing foraminal narrowing on imaging and the MRI report was attached.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **C6-C7 Anterior Cervical Discectomy and Fusion: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

**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) 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. Guideline criteria have been met. This injured worker presents with neck pain radiating to the bilateral upper extremities. There was documentation of decreased C7 dermatomal sensation. Overall radiculopathic symptoms are correlated with imaging evidence of nerve root compromise at C6/7. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including medications and activity restrictions, and failure has been submitted. Therefore, this request is medically necessary.