

<b>Case Number:</b>	CM15-0088026		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/26/2003
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 60-year-old male who sustained an industrial injury on 9/26/03. Injury occurred when a refrigerator fell on him. The 7/10/14 cervical spine MRI reported a 2 mm disc bulge at C4/5 with severe left foraminal stenosis, a 2-3 mm disc bulge at C5/6 with severe left and moderate right foraminal stenosis, and a 4 mm disc bulge at C6/7 with severe bilateral foraminal stenosis. The 7/16/14 bilateral upper extremity electrodiagnostic study revealed evidence of chronic bilateral C5 (or C6) radiculopathy, bilateral median neuropathy at the wrists (carpal tunnel syndrome), and bilateral ulnar neuropathy at the elbows. The 3/2/15 treating physician report cited continued neck pain with bilateral upper extremity pain and numbness. He was having to take Dilaudid and Aleve due to pain. Cervical spine exam documented tenderness to palpation, positive spasms, rhomboid spasms, decreased range of motion with pain, and negative Hoffman's. The diagnosis was cervical spine herniated nucleus pulposus, bilateral carpal tunnel syndrome, and ulnar neuropathy. MRI was positive for severe stenosis at C4 to C7. The treatment plan noted agreement with other physicians for cervical spine surgery and bilateral upper extremity surgery. Authorization was requested. The 4/13/15 utilization review non-certified the request for unspecified cervical surgery as it was not known what procedure was proposed and it was also not known whether any of the reported findings would be adequately correlated as clinically supportive of a proposed procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical surgery (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation for the cervical spine is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than one month or with extreme progression of symptoms. Guidelines require documented failure of conservative treatment to resolve radicular symptoms and 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. Guideline criteria have not been met. This injured worker presents with neck and bilateral upper extremity pain and numbness. Clinical exam evidence did not document neurologic dysfunction. There was imaging evidence of C4/5 through C6/7 severe foraminal stenosis. There was electrodiagnostic evidence of C5 or C6 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. This request does not specify the surgical procedure or levels being requested. In the absence of that information, the medical necessity of this request cannot be established. Therefore, this request is not medically necessary.