

<b>Case Number:</b>	CM15-0088171		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/17/2015
<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 62-year-old male who sustained an industrial injury on 6/04/13. Injury was reported due to cumulative trauma while working as a delivery driver. The 1/28/14 cervical spine MRI documented a 2-3 mm posterior disc bulge with osteophytes at C5/6 with moderate to severe bilateral foraminal narrowing with bilateral nerve root compromise. At C6/7, there was mild right and moderate left neuroforaminal due to a 1 to 2 mm disc bulge. The 1/14/15 treating physician report cited continued complaints of neck pain radiating into the upper extremity with weakness, numbness and tingling. He had C5/6 and C6/7 herniated discs, foraminal stenosis with bilateral exiting nerve root compromise. Radicular pain was grade 5-8/10. He reported increased upper extremity weakness and dropping things. Cervical exam documented restricted range of motion, positive bilateral Spurling's test, +3 upper extremity deep tendon reflexes, +3 patellar reflexes and +2 Achilles reflexes. He had a positive C6 (Hoffman's) reflex. Previous EMG was positive for C6 and C7 radiculopathy on the left. The treating physician report reported that the injured worker's cervical symptoms were increasing with related levels of C5/6 and C6/7 and signs of early cervical myelopathy. The treatment plan recommended C5/6 and C6/7 anterior cervical discectomy and fusion with cages and bone graft. The 2/25/15 treating physician report cited neck and bilateral arm pain with weakness and numbness. He reported dropping things. Objective findings include weak wrist dorsiflexion and triceps with bilateral upper extremity hyperreflexia. The diagnosis was C5, 6, 7 herniated nucleus pulposus and foraminal stenosis. The treatment plan included C5-7 anterior cervical discectomy and fusion. Medications were prescribed to include Ultracet and Lyrica. He was off work. The 4/1/15 treating physician report

cited grade 5-8/10 neck pain and radiating grade 4-8/10 bilateral arm pain. The injured worker was diagnosed with early cervical myelopathy at C5/6 and C6/7 with herniated disc and severe foraminal and moderate central stenosis indenting the anterior spinal cord. He reported that anterior cervical discectomy and fusion was the standard of care for cervical spondylotic radiculopathy and myelopathy with long-term clinical success. The 4/17/15 utilization review non-certified the request for C5-7 anterior cervical discectomy and instrumented fusion based on an absence of imaging evidence of compressive pathology correlated with current clinical findings.

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

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

#### **1 Day Surgery Inpatient C5-7 Anterior Cervical Decompression with Instrumented Fusion: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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; Hospital length of stay (LOS).

**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) provide 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. The ODG would support 1 day inpatient length of stay of anterior cervical discectomy and fusion. Guideline criteria have been met. The patient had progressively worsening neck and bilateral upper extremity pain with weakness and numbness. He had positive Spurling's, and EMG evidence consistent with C6 and C7 radiculopathy. Clinical exam findings were consistent with reported imaging evidence of C5/6 and C6/7 disc herniations and severe foraminal and moderate central stenosis indenting the anterior spinal cord. Evidence of recent reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.