

<b>Case Number:</b>	CM15-0089683		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 was a 66-year-old female who sustained an industrial injury on 5/24/00, relative to a slip and fall. Past medical history was positive for transient ischemic attacks. Conservative treatment has included chiropractic treatment, TENS unit, physical therapy, activity modification, epidural steroid injection, and medications. The 9/2/14 cervical spine MRI reportedly showed circumferential central spinal canal stenosis at C6/7 with an 8-mm central canal diameter. The stenosis was a combination of an osteophyte/disc complex centrally and uncovertebral encroachment laterally. The 1/15/15 cervical spine x-rays documented degenerative changes predominantly at the C6/7 level. The 2/3/15 upper extremity electrodiagnostic study showed evidence of probable mild left C7 radiculitis involving the posterior primary ramus. The 3/5/15 spine surgery report cited neck pain equally severe to her left upper extremity numbness, tingling and weakness. She had left parascapular muscle spasms with radiation of pain to the triceps and ulnar aspect of her left forearm, and left ring and little finger tingling. The left arm felt weaker than her right arm, she drop objects frequently. Physical exam documented decreased left C7 and C8 dermatomal sensation, positive left Spurling's test, and negative Hoffman and Lhermitte's test. Imaging showed severe C6/7 degenerative spondylosis with severe left foraminal stenosis. The treatment plan recommended anterior C6-C7 discectomy/foraminotomy, fusion and instrumentation with left iliac crest cancellous bone graft. The 3/24/15 treating physician report cited grade 7-9/10 neck pain radiating to both arms with dizziness and incoordination. Pain was worse with extended postures. With medications, pain was reduced to 2-3/10 and she was able to take care of her home and do some walking. Review

of systems was negative for depression, anxiety or insomnia. Cervical exam documented significant paraspinal tenderness, left upper trapezius spasms, significant decrease in left lateral flexion and left rotation, and severely decreased extension causing dizziness. Neurologic exam documented 3-4+ upper and lower extremity reflexes, decreased lateral arm sensation worse on the left, and 2 beat clonus on the right, 3 beats on the left. The current problem list included cervical degenerative disc disease with myelopathy, neck pain, cervical radiculitis, low back pain, thoracic back pain, lumbar degenerative disc disease, displacement of thoracic intervertebral disc, and myalgia. The 5/1/15 utilization review non-certified the request for anterior C6-C7 discectomy/foraminotomy, fusion and instrumentation with left iliac crest cancellous bone graft based on co-morbidities of bipolar disorder, depression and myofascial pain and the absence of any documented psychological screening.

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

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

**Anterior C6-C7 discectomy/foraminotomy fusion and instrumentation with left iliac crest cancellous bone graft:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 183.

**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) 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. Guideline criteria have been met. This patient presents with persistent and function-limiting neck pain radiating to both upper extremities with numbness, tingling, and weakness. Spurling's was positive on the left. Clinical exam and electrodiagnostic findings are consistent with imaging evidence of severe left C6/7 foraminal stenosis and plausible nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is no current documentation relative to a psychiatric history or potential psychological issues. Therefore, this request is medically necessary.