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| <b>Case Number:</b>   | CM15-0241529 |                              |            |
| <b>Date Assigned:</b> | 12/18/2015   | <b>Date of Injury:</b>       | 08/16/2014 |
| <b>Decision Date:</b> | 01/22/2016   | <b>UR Denial Date:</b>       | 11/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2015 |

### 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: California, Oregon, Washington  
 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 8-16-14. A review of the medical records indicates he is undergoing treatment for post-concussion syndrome with bilateral hearing loss, worse on the right side and cervical radiculopathy secondary to disc herniation and instability at C5-6 and spinal cord compression at C3-4 and C4-5. Medical records (8-25-15, 9-9-15, 10-1-15) indicate complaints of "severe" neck pain with stiffness of the neck muscles and headaches. He also reports "painful clicking" of his neck with rotation bilaterally that "makes his eyelids shake" (10-1-15). He also reports hearing loss, affecting the right greater than the left and tingling in bilateral hands and feet that increases with activity. He rates his neck pain "3-6 out of 10", headaches "3-4 out of 10". He has also complained of bilateral shoulder and arm pain, rating "3-5 out of 10" and low back pain, rating "4-7 out of 10" with associated bilateral lower extremity weakness. The physical exam (10-1-15) reveals that he is alert and oriented to person, time, and place. His past memory is "intact", but his recent memory is "poor". He has hearing loss bilaterally, but more severe on the right side. His motor strength is "4 out of 5" of the left finger flexors and left deltoid muscle. Sensation is noted to be decreased in the left first, second, and third fingers. His gait is noted to be "slow". "Moderate" muscle spasm is noted in the neck muscles. Rotation of his head is to 65 degrees bilaterally. Spurling's test is positive. A "clicking noise" is noted when he moves his head to the right and left. Increased neck pain is noted with extension and lateral rotation of his head, "especially" to the right. Diagnostic studies have included x-rays of the cervical spine, a PET scan, MRIs of the brain and cervical spine, and an EMG-NCV study of bilateral upper extremities. The treatment

recommendation is for an anterior cervical discectomy and fusion at C3-4, C4-5, and C5-6. The utilization review (11-20-15) includes a request for authorization of anterior cervical discectomy and fusion at C3-4, C4-5, and C5-6. The request was denied.

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

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

#### **Anterior cervical discectomy and fusion at C3-C4, C4-C5 and C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back / Fusion, anterior cervical.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints (surgical considerations), surgery is not recommended for non radiating pain or in absence of evidence of nerve root compromise. There is not evidence of correlating nerve root compromise from the exam of 10/1/15. The patient has radiating pain from the exam notes of 10/1/15 but this does not correlate with any imaging findings. The patient does not meet accepted guidelines for the procedure. Therefore, the requested surgical procedure is not medically necessary. ODG Neck & Upper Back / Fusion, anterior cervical outlines the following criteria for anterior cervical discectomy/decompression and fusion, which are: "Criteria for Cervical Fusion" Recommended Indications: (1) Acute traumatic spinal injury (fracture or dislocation) resulting in cervical spinal instability. (2) Osteomyelitis (bone infection) resulting in vertebral body destruction. (3) Primary or metastatic bone tumor resulting in fracture instability or spinal cord compression. (4) Cervical nerve root compression verified by diagnostic imaging (i.e., MRI or CT myelogram) and resulting in severe pain OR profound weakness of the extremities. (5) Spondylotic myelopathy based on clinical signs and/or symptoms (Clumsiness of hands, urinary urgency, new-onset bowel or bladder incontinence, frequent falls, hyperreflexia, Hoffmann sign, increased tone or spasticity, loss of thenar or hypothenar eminence, gait abnormality or pathologic Babinski sign) and Diagnostic imaging (i.e., MRI or CT myelogram) demonstrating spinal cord compression. (6) Spondylotic radiculopathy or nontraumatic instability with All of the following criteria: (a) Significant symptoms that correlate with physical exam findings AND radiologist-interpreted imaging reports. (b) Persistent or progressive radicular pain or weakness secondary to nerve root compression or moderate to severe neck pain, despite 8 weeks conservative therapy with at least 2 of the following: Active pain management with pharmacotherapy that addresses neuropathic pain and other pain sources (e.g., an NSAID, muscle relaxant or tricyclic antidepressant); Medical management with oral steroids or injections; Physical therapy, documented participation in a formal, active physical therapy program as directed by a physiatrist or physical therapist, may include a home exercise program and activity modification, as appropriate. (c) Clinically significant function limitation, resulting in inability or significantly decreased ability to perform normal, daily activities of work or at-home duties. (d) Diagnostic imaging (i.e., MRI or CT myelogram) demonstrates cervical nerve root compression, or Diagnostic imaging by x-ray

demonstrates Instability by flexion and extension x-rays; Sagittal plane translation >3mm; OR Sagittal plane translation >20% of vertebral body width; OR Relative sagittal plane angulation >11 degrees. (e) Not recommend repeat surgery at the same level. (f) Tobacco cessation: Because of the high risk of pseudoarthrosis, a smoker anticipating a spinal fusion should adhere to a tobacco-cessation program that results in abstinence from tobacco for at least six weeks prior to surgery. (g) Number of levels: When requesting authorization for cervical fusion of multiple levels, each level is subject to the criteria above. Fewer levels are preferred to limit strain on the unfused segments. If there is multi-level degeneration, prefer limiting to no more than three levels. With one level, there is approximately a 80% chance of benefit, for a two-level fusion it drops to around 60%, and for a three-level fusion to around 50%. But not fusing additional levels meeting the criteria, risks having to do future operations. (h) The decision on technique (e.g., autograft versus allograft, instrumentation) should be left to the surgeon. In this case, the patient does not meet ODG guide lines for an anterior cervical discectomy/decompression and fusion. Thus, the proposed surgery is not medically necessary.