

<b>Case Number:</b>	CM14-0140676		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37-year-old female who reported an injury on 07/18/2012. The mechanism of injury was not provided. Prior therapies included an epidural steroid injection, physical therapy, and medications. The prior surgical history was noncontributory. The injured worker underwent an MRI of the cervical spine without contrast on 09/12/2012 which revealed at the level of C4-5 there was a 2.5 mm broad based central intervertebral disc bulge at this level with resultant minimal central canal stenosis. There was no neural foraminal stenosis. There was effacement of the anterior thecal sac cerebral spinal fluid space and contact with mild contour change upon the anterior cervical cord. There was no cord signal change seen. There was normal disc height with minimal disc desiccation. The posterior elements were intact. At C5-6, there was a 3.0 mm broad based central/left paracentral intervertebral disc protrusion at this level. There was effacement of the anterior thecal sac cerebral spinal fluid space with cord contour change/compression upon the anterior cervical cord. There was no cord signal abnormality. There was mild central canal stenosis present. There was minimal left neural foraminal stenosis but no right neural foraminal stenosis. There was normal disc height with minimal disc desiccation present. The posterior elements were intact. The undated EMG/NCV revealed the injured worker had electromyographic indicators of acute cervical radiculopathy. The levels for the cervical radiculopathy were not provided. The note was incomplete. The documentation of 04/07/2014 revealed the injured worker had a chief complaint of continuing symptomatology in the cervical spine, chronic headaches and tension between the shoulder blades, and migraines. The documentation indicated the injured worker had failed all conservative measures including activity modification, physical therapy, and pain management. The injured worker had a lumbar epidural block which did not provide symptomatic relief. Physical examination of the cervical spine was noted to be unchanged. There was tenderness at

the cervical paravertebral muscles and upper trapezial muscles with spasm. The axial loading compression test and Spurling's maneuver were positive. There was painful and restricted cervical range of motion. There was grade 4 dysesthesia at C5-6 dermatome involving the lateral forearm and hands. There was no greater than 3+ to 4- strength in the biceps and wrist flexors and extension. The diagnosis included cervical discopathy. The treatment plan included a C4-6 anterior cervical microdiscectomy with implantation of hardware. The physician went on to indicate that the injured worker's condition did not fall under the American College of Occupational and Environmental Medicine as the injured worker had failed conservative measures and was chronic in nature. Additionally, the physician documented that presurgical psychosocial screening is only necessary when there are confounding issues that are present. The physician indicated in the event dynamic hardware was utilized, it would be noted that a total disc replacement is FDA approved for the cervical spine. The injured worker did not smoke. There was a detailed Request for Authorization submitted.

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

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

#### **C4 to C6 Anterior Cervical Discectomy with Implantation of hardware: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary last updated 04/14/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Disc prosthesis

**Decision rationale:** The ACOEM Guidelines indicate a referral for surgical consultation may be appropriate for injured workers who have persistent severe disabling shoulder or arm symptoms. There should be documentation of activity limitations for more than 1 month or with extreme progression of symptoms. There should clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. Additionally, the efficacy of cervical fusion for injured workers with chronic pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker had mild contour change on the anterior cervical cord at C4-5 and at C5-6 there was normal disc height with minimal disc desiccation. There was effacement of the anterior thecal sac with compression of the anterior cervical cord. There was mild central stenosis present. Additionally, the clinical documentation submitted for review indicated the injured worker had an EMG/NCV which revealed electromyographic evidence of acute cervical radiculopathy. However, the level of cervical radiculopathy was not provided. Note was incomplete. The physical examination revealed the injured worker had a positive axial loading compression test and Spurling's maneuver. The physician documented that, if the injured worker required implantation of hardware, he would utilize an artificial disc. The Official Disability Guidelines indicate disc prostheses are under study. This portion of the request would not be supported as it is not a recommended treatment.

It is under study. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for C4 to C6 Anterior Cervical Discectomy with Implantation of hardware is not medically necessary.

**Inpatient Stay 2-3 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Cervical Minerva Mini Collar #1 and Miami J Collar with thoracic extension #1, bone stimulator Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.