

<b>Case Number:</b>	CM14-0147383		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 32-year-old male with a 9/30/11 date of injury. At the time (7/28/14 and 8/11/14) of request for authorization for anterior Cervical discectomy and fusion C4-5, C5-6, and C6-7, there is documentation of subjective (constant severe neck pain radiating into the arms with numbness and tingling) and objective (restricted cervical range of motion and decreased sensation in the right forearm (C6)). Imaging findings (MRI of the cervical spine (6/30/14) report revealed moderate central canal stenosis and moderate to severe neural foraminal stenosis at C4-5; moderate right central canal stenosis and severe bilateral neural foraminal stenosis at C5-6; and moderate left central canal stenosis, moderate right neural foraminal stenosis, and severe left neural foraminal stenosis at C6-7). The current diagnoses includes cervical strain, cervical spondylosis with kyphosis with central stenosis and bilateral foraminal stenosis, and cervicogenic headaches. The treatment to date includes activity modification, medications, and physical modalities. There is no documentation of specific (to a nerve root distribution) subjective radicular findings in each of the requested nerve root distributions and objective radicular findings at C4-5 and C6-7 levels.

### 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 C4-5, C5-6, and C6-7: Upheld**

**Claims Administrator 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) Treatment Index, 12th Edition (web), 2014 Neck & Upper Back, Cervical collar

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty; Fusion, anterior cervical

**Decision rationale:** The MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities); as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of cervical strain, cervical spondylosis with kyphosis with central stenosis and bilateral foraminal stenosis, and cervicogenic headaches. In addition, there is documentation of objective (sensory changes) radicular findings at the C5-6 level, imaging (MRI) findings (central canal stenosis and neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (constant severe neck pain radiating into the arms with numbness and tingling), there is no documentation of specific (to a nerve root distribution) subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of objective (sensory changes, motor changes, or reflex changes) radicular findings at C4-5 and C6-7. Therefore, based on guidelines and a review of the evidence, the request for anterior cervical discectomy and fusion C4-5, C5-6, and C6-7 is not medically necessary.