

<b>Case Number:</b>	CM15-0013145		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 35 year old male, who sustained a work related injury on 10/28/13. Injury occurred when he fell from a stack of pallets. Conservative treatment has included physical therapy, activity modification, and medications. The 2/12/14 cervical MRI impression documented a C3/4 broad central/paracentral disc protrusion and mild bilateral foraminal narrowing. Findings indicated that the ventral subarachnoid space was partially effaced, but there was no central canal stenosis or cord compression evident. The 4/29/14 treating physician report documented review of the MRI and radiologist report. He documented a C3 disc bulge that appeared to touch the spinal cord with likely mild compression. The 12/2/14 treating physician report cited continued neck and posterior cervical headaches that radiate from his neck into the posterior aspect of his skull, and occasional hand numbness. Physical exam documented paraspinal tenderness to palpation from C2 through C4, slight hyperreflexia in the left upper extremity, positive Hoffman's sign, and slight hyperreflexia in the lower extremities bilaterally. Bilateral upper extremity strength was good. The diagnosis was cervicalgia and potential cervical myelopathy. The treatment plan recommended anterior cervical discectomy and fusion at C3/4. The patient was using Norco and Soma for pain with benefit. He was not able to work. On 12/25/14, Utilization Review non-certified a request for neck spine surgery. The rationale documented a lack of severe arm symptoms, and no clear clinical imaging or electrophysiologic evidence of a surgical lesion, noting that the surgeon's interpretation of the MRI differed from the radiologist's. The California MTUS, ACOEM Guidelines, were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neck Spine Fusion:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 180-181. Decision based on Non-MTUS Citation 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 motor deficit or reflex changes 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 clinical exam findings consistent with plausible imaging evidence of cord compression. There are reported reflex changes and positive pathologic reflex test. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request for neck spine fusion (anterior cervical discectomy and fusion C3/4) is medically necessary.