

<b>Case Number:</b>	CM15-0013264		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/13/2015
<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 62 year old male, who sustained an industrial injury on March 14, 2013 relative to a fall. The 11/19/13 cervical spine MRI impression documented C5/6 moderate left foraminal stenosis, C6/7 moderate right foraminal stenosis, and C5/6 and C6/7 mild central canal stenosis. The patient underwent left C5/6 and C6/7 laminectomies and foraminotomies on 9/23/14 without relief. The 12/18/14 treating physician report cited worsening neck and left hand pain and numbness. He reported that each time he moves his neck, he has zinging pain from the posterior neck going up and down his spine. There were some sensory changes. Physical exam documented Lhermitte's sign with cervical flexion and extension. Grip strength was diminished on the left. Motor strength documented continued 4+/5 left deltoid weakness, and 4-/5 left biceps weakness. There was decreased pinprick sensation in the biceps and radialis region. There was trace brachial radial reflex and decreased triceps reflex on the left, though mild. The treating physician opined the patient had anterior disc disease and new or worsening posterior instability. The diagnoses was cervical disc syndrome. The treatment plan recommended anterior cervical discectomy and fusion at C5/6 and C6/7. On January 13, 2015, Utilization Review non-certified anterior cervical discectomy and fusion (ACDF) C5-6 and C6-7, based on an absence of postsurgical imaging, noting the ACOEM Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of anterior cervical discectomy and fusion (ACDF) C5-6 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACDF at C5-C6-C6-C7:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. 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 underwent left C5/6 and C6/7 laminectomies and foraminotomies on 9/23/14 without relief. There are signs/symptoms and clinical exam findings consistent with nerve root compromise and plausible instability. Prior imaging adequately corroborates the clinical and imaging findings. Therefore, this request for ADCF C5-6 and C6-7 is medically necessary at this time.