

<b>Case Number:</b>	CM15-0017701		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/30/2008
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 46 year old female with an industrial injury dated 09/30/2008. The 10/9/14 cervical MRI impression documented disc herniations at C3/4, C4/5, and C5/6. The C3/4 and C4/5 disc protrusions contact the ventral cord surface. At C5/6, the disc protrusion contacts and slightly flattens the ventral cord surface without significant spinal stenosis. There was moderate degenerative facet disease at C4/5 and C5/6. She presented on 12/11/2014 with "excruciating and debilitating" neck pain that radiated into the right hand that was associated with increasing right hand weakness, numbness and tingling. She also noted dizziness. Physical exam revealed strength of 3/5 of the right finger flexors and intrinsic muscles of the right hand. The right dorsi flexors, plantar flexors and hamstring muscles are also 4/5. She has sensory loss to light touch, pinprick and two point discrimination in the right first, fourth and fifth fingers. She limped with the right leg. She has a positive Spurling test and a positive Tinel's sign. She has been treated with diagnostics and medications. He reviewed the 11/02/2012 cervical MRI which reportedly showed loss of the intervertebral disc heights at C4/5, C5/6 and C6/7. At C4/5, there was disc protrusion with annular tear, mild to moderate central spinal stenosis and a slight cord compression. The 5/23/13 upper extremity electrodiagnostic study was reportedly normal. The diagnosis was cervical myelopathy secondary to spinal cord compression by a disc herniation at C4/5 and right thoracic outlet syndrome with compression of the right median nerve and right piriformis syndrome. On 1/13/2015 utilization review issued a decision of non-certification for the requested anterior cervical discectomy and fusion at C4/5 with decompression of the spinal cord. A peer-to-peer discussion was performed and documented

discussion of the new MRI findings and a significant disc herniation with canal narrowing at C5/6. The treating physician agreed with the non-certification and indicated a possible change in surgical plan. MTUS, ACOEM and ODG were cited. A subsequent request for anterior cervical discectomy and fusion at the C5/6 level is noted as approved.

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

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

#### **Anterior Cervical Discectomy & Fusion At C4-5 with Decompression Of The Spinal Cord: Upheld**

**Claims Administrator 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, Neck and Upper Back chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back 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 not been met. The presenting signs/symptoms and clinical exam findings are not reasonably consistent with the requested C4/5 level of surgery. Updated imaging indicates there is cord flattening at the C5/6 level. The utilization review of 1/13/15 documented the physician's intent to change the surgical plan to address C5/6 versus C4/5. A subsequent request for anterior cervical discectomy and fusion at the C5/6 level was reported approved. Therefore, this request is not medically necessary.