

<b>Case Number:</b>	CM15-0122164		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 51-year-old male who sustained an industrial injury on 8/9/12, relative to a motor vehicle accident. Past surgical history was positive for left shoulder surgery on 12/19/12 and left shoulder revision arthroscopy with rotator cuff repair on 2/25/14. The 6/19/14 cervical spine MRI showed a C3/4 disc osteophyte complex without significant canal stenosis, with facet arthropathy and spondylosis causing mild right and moderate to severe left foraminal stenosis. At C4/5, there was bilateral foraminal stenosis that had progressed from moderate to severe. At C5/6, there was severe right and moderate to severe left foraminal stenosis. At C6/7, there was mild canal stenosis and severe left and moderate right foraminal stenosis. The 1/20/15 spine surgeon report cited neck pain radiating to both arms with numbness and tingling. Left arm pain and paresthesias were worsening with weakness in the left triceps and numbness in the left ulnar nerve distribution. Imaging showed C4-7 degenerative disc and arthropathy. There was C5/6 bilateral neuroforaminal stenosis, C5/6 right greater than left neuroforaminal stenosis, and C6/7 left disc herniation osteophyte complex with severe left neuroforaminal stenosis. Physical exam documented normal gait, decreased left C7 and ulnar dermatome sensation, 2/5 left deltoid, and 4/5 left triceps, grip, and intrinsic muscle weakness, and decreased upper extremity reflexes. The spine surgeon documented progressive weakness in the left arm. The treatment plan recommended C4-7 anterior cervical discectomy and fusion. The 5/27/15 treating physician report cited neck and bilateral shoulder pain. The injured worker had taken 2 weeks off work to let things rest but was back at work with continued symptomatology. Physical exam documented restricted cervical range of motion, cervical tenderness and tightness, and diminished left hand

strength involving the C6, C7, and C8/T1 nerves. The diagnosis was multilevel degenerative disc changes with disc protrusion at C4/5 and C5/6. Authorization was requested for the surgeon to perform cervical disc surgery at the C4/5 and C5/6 levels. The 6/4/15 utilization review non-certified the request for cervical disc surgery at the C4/5 and C5/6 levels as the request was being made by the physiatrist and the surgeon had recommended C4-C7 anterior cervical discectomy and fusion which was not consistent. Given this discrepancy, surgery was non-certified pending clarification and submission by the surgeon. The 6/25/15 treating physician report submitted a new request for surgery compatible with the spine surgeon request for anterior cervical discectomy and fusion at C4-7.

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

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

#### **Cervical disc surgery at C4-C5 and C5-C6 levels: Upheld**

**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 Official Disability Guidelines (ODG) 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) provides 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 radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings 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. This injured worker presents with neck pain radiating to both arms with numbness and tingling and worsening left upper extremity weakness. Clinical exam findings were consistent with imaging evidence of severe spinal stenosis and plausible C4/5 through C6/7 nerve root compression. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. This request for C4/5 and C5/6 cervical disc surgery was submitted by the treating physiatrist but is not fully consistent with the spine surgery request for C4-7 anterior cervical discectomy and fusion. Records indicate that the surgical request has been corrected and resubmitted for consideration. Therefore, this request is not medically necessary.