

<b>Case Number:</b>	CM15-0124455		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 53-year-old female who sustained an industrial injury on 4/27/10. The mechanism of injury was not documented. Past medical history was positive for internal bleeding, thyroid cancer, hypertension, irritable bowel syndrome, acid reflux, and depression/anxiety. Past surgical history was positive for right shoulder arthroscopy and biceps tenodesis on 10/11/11, anterior cervical discectomy and fusion (ACDF) C5-T1 on 5/16/12, right shoulder rotator cuff repair in 2013, and L5/S1 anterior lumbar interbody fusion in November 2014. Conservative treatment included chiropractic, physiotherapy, medications, and activity modification. The 2/18/15 bilateral upper extremity EMG/NCV report documented a normal study. The 5/13/15 cervical spine MRI impression documented very mild anterolisthesis of T2 on T3. There was a solid anterior interbody fusion at C5/6 and C6/7, and mild anterolisthesis of C7 on T1 status post solid anterior interbody fusion. At C4/5, there was a loss of disc height with a mild annular disc bulge with mild C4 marginal osteophytic changes, mild bilateral uncovertebral joint degenerative change, and mild type 1 endplate changes. There was contrast enhancing and superior posterior annular fissuring. There was mild central canal stenosis. The 5/19/15 neurosurgical report cited neck and upper back pain radiating into the left arm. Physical exam documented grip strength on the right 22/22/22 and left 20/20/20, and upper extremity motor strength 5/5 globally with no atrophy. Cervical spine exam documented bilateral moderate paracervical and interscapular tenderness and spasms, moderate loss of range of motion, negative Spurling's bilaterally, and sensory loss over the left lateral arm, thumb, middle finger, and little finger. Imaging showed C4/5 adjacent segmental disease with retrolisthesis, loss of disc height,

broad disc osteophyte complex with posterior disc annular fissure, and increase in endplate reactive change. X-rays demonstrated adjacent level disc disease at C4/5 with decreased disc height and anterior and posterior osteophyte complex. There was no obvious instability. There was a C5/6 stand-alone interbody fusion and C6-T1 interbody fusion with anterior plate. The injured worker had tried and failed extensive non-operative conservative treatment. Authorization was requested for anterior cervical discectomy and fusion C4-C5. The 6/19/15 utilization review non-certified the request for anterior cervical discectomy and fusion at C4/5 based on the clinical records reviewed and evidence based medical guidelines.

### **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-C5: 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 (ODG), neck and upper back (acute and chronic).

**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) 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 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. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with neck pain radiating into the left arm. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Clinical exam findings correlate with imaging evidence of adjacent segment disease at the C4/5 level. However, there are noted potential psychological issues with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.