

<b>Case Number:</b>	CM15-0125154		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/18/2015
<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 51-year-old male who sustained an industrial injury on 11/01/11. The mechanism of injury was not documented. The 3/5/15 electrodiagnostic study documented findings supportive of chronic C7 nerve irritation on the right side, there was no electrophysiological evidence of entrapment neuropathy on the median, ulnar and radial nerves or distal peripheral neuropathy in the upper extremities. The 3/31/15 cervical spine MRI impression documented a stable 2-3 mm right paracentral and foraminal disc protrusion at C4/5 which resulted in mild spinal stenosis and moderate right neuroforaminal narrowing. There was mild bilateral facet hypertrophy. At C5/6, there was a stable 2-3 mm posterior central disc protrusion with resultant mild spinal stenosis. There was bilateral uncovertebral spondylosis and facet hypertrophy with moderate bilateral neuroforaminal narrowing. At C6/7, there was a stable 3 mm posterior disc protrusion with resultant mild spinal stenosis. There was bilateral uncovertebral spondylosis and facet hypertrophy with moderate bilateral neuroforaminal narrowing. The 6/1/15 treating physician report cited persistent neck pain with intermittent numbness and tingling in the upper extremities when he laid on his side. Current medications included ibuprofen. Physical exam documented 4/5 right deltoid, biceps, wrist flexor, and interosseous muscle weakness, and 4/5 left wrist flexor weakness. Cervical range of motion was painful and restricted, and he had mid posterior neck tenderness to palpation. MRI showed herniated nucleus pulposus at C4/5, C5/6, and C6/7 with neuroforaminal stenosis. Authorization was requested for C4-7 cervical anterior discectomy and fusion with one inpatient stay for one day. The 6/16/15 utilization review non-certified the request for C4-7 anterior cervical discectomy and fusion with one day inpatient stay as there was poor correlation between the clinical exam and imaging findings. The 7/30/15 treating physician appeal letter stated that the

injured worker had moderate bilateral foraminal stenosis at C6/7 correlated with EMG findings of chronic C7 radiculopathy. He had a large disc protrusion at C4/5, eccentric to the right which results in moderate central stenosis and right foraminal stenosis and could possibly be the symptomatic level. He also had a disc protrusion at C5/6. He had completed extensive conservative treatment, including physical therapy, epidural steroid injections and pain medications. Given the MRI and EMG findings some of his symptoms could be resulting from the disc at the C6/7 level, and he could also be experiencing symptoms from the C4/5 disc which resulted in moderate central stenosis. Given the disc degeneration and disc protrusion at C5/6, surgical intervention would require a fusion at all three level. Authorization was requested for anterior cervical discectomy and fusion at C4/5, 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:

**C4-7 anterior cervical discectomy, 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 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. 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 been met. This injured worker presents with persistent neck pain radiating to the upper extremities. Clinical exam findings evidence motor deficit consistent with imaging evidence of plausible neural compression at the C4/5 to C6/7 levels with electrodiagnostic evidence of C7 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**Associated Service: 1 day inpatient stay:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day. Guideline criteria have been met for inpatient length of stay up to 1 day. Therefore, this request is medically necessary.