

<b>Case Number:</b>	CM15-0129346		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/29/2001
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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:

This injured worker is a 47-year-old female who sustained an industrial injury on 3/29/01. Injury occurred when she fell off a chair, and hit the back of her head on the floor. Past surgical history was positive for 3 cervical spine surgeries, resulting in fusion from C5-C7. The 4/28/15 treating physician report cited grade 6/10 cervical spine pain that decreased to 0/10 with medications. She did not take medications during the day while she worked, but rather used a TENS unit which was helpful. Physical exam documented normal gait, positive Spurling's on the left, 3+ and symmetrical upper and lower extremity deep tendon reflexes, and decreased C7/T1 dermatomal sensation. The treatment plan recommended continued TENS unit use, and prescribed tramadol, Lunesta, Flexeril, omeprazole, and Lyrica. Authorization was requested for neurosurgical consult. The 5/12/15 cervical spine MRI impression documented posterior disc protrusion osteophyte complex at the narrowed C4/5 interspace with straightening of the normal lordotic curve. At C4/5, there was effacement of the adjacent anterior thecal sac with the neural foramina appearing preserved. The C5/6 and C6/7 interspaces showed central posterior artifact with the neural foramina appearing preserved in both levels. There was an anterior internal fixation plate at the C5/6 and C6/7 levels with vertebral body screws. The 6/10/15 spine surgery report indicated that the injured worker had developed instability, stenosis, and spondylolisthesis at the C4/5 level diagnosed several years ago. Symptoms had worsened and now the disc was effacing the adjacent anterior thecal sac with neural compression. She had tried extensive care and wanted to proceed with surgery. There was no neurologic exam documented. Authorization was requested for C4/5 anterior cervical discectomy and fusion (ACDF), C4/5 anterior cervical instrumentation, and C5-C7 exploration of spinal fusion. The 6/26/15 utilization review non-certified the request for C4/5 anterior cervical discectomy and

fusion (ACDF), C4/5 anterior cervical instrumentation, and C5-C7 exploration of spinal fusion as there was no definitive evidence of instability, significant functional limitations, cervical radiculopathy, or neurologic deficits relative to C4/5. The 7/3/15 treating physician report cited grade 8/10 neck pain that decreased by 30% with medications, but mostly she was in constant pain. She was continuing to work but it was progressively more difficult. She saw the neurosurgeon who recommended additional surgery when she wanted to do. She reported that she suffered a mental breakdown after seeing the neurosurgeon and went into a deep depression. She went to the hospital and was started on Prozac. The physical exam was unchanged. The treatment plan recommended continued medications and care with the neurosurgeon. Authorization was requested for psychological consultation secondary to the injured worker's mental breakdown and worsening depression, for evaluation and treatment.

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

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

#### **1 C4-C5 Anterior Cervical Discectomy and Fusion (ACDF): 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 (Acute & Chronic): Fusion- anterior cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low 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. Guideline criteria have not been met. This injured worker presents with progressively worsening neck pain making work difficult, and positive Spurling's test. Clinical exam findings do not evidence a focal neurologic deficit consistent with imaging evidence of neural compression at C4/5. There is no radiographic evidence in the submitted records of spinal segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is documentation of current psychological complaints with no evidence of psychosocial assessment. Therefore, this request is not medically necessary at the time.

#### **1 C4-C5 Anterior Cervical Instrumentation (ACI): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Fusion, anterior cervical; Plate fixation, cervical spine surgery.

**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 ODG indicates that plate fixation is under study in single-level and multilevel procedures, with most studies (although generally non-randomized) encouraging use in the latter. It remains unclear as to whether anterior plating provides benefit for many common spondylotic conditions of the cervical spine. In single-level surgery there has been a failure to demonstrate an improvement in fusion rates with plating. Guideline criteria have not been met. This injured worker presents with progressively worsening neck pain making work difficult, and positive Spurling's test. Clinical exam findings do not evidence a focal neurologic deficit consistent with imaging evidence of neural compression at C4/5. There is no radiographic evidence in the submitted records of spinal segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is documentation of current psychological complaints with no evidence of psychosocial assessment. Therefore, this request is not medically necessary at the time.

#### **1 C5-C7 exploration of spinal fusion: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Fusion, anterior cervical.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications for spinal fusion that include cervical nerve root compression, spondylotic myelopathy, and spondylotic radiculopathy or non-traumatic instability but do not generally recommend repeat surgery at the same level. Guideline criteria have not been met. This injured worker presents with progressively worsening neck pain making work difficult, and positive Spurling's test. There is no imaging evidence of failed fusion or progressive stenosis at the C5-C7. There is no radiographic evidence in the submitted records of spinal segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, there is documentation of current psychological complaints with no evidence of psychosocial assessment. Therefore, this request is not medically necessary at the time.

