

<b>Case Number:</b>	CM15-0176845		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/31/1998
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 51-year-old female who sustained an industrial injury on 8/31/98. Injury occurred when she fainted at work and awoke to the paramedics. She was subsequently involved in a motor vehicle accident while traveling to an appointment for this industrial injury. Past medical history was positive for psychiatric disease. She underwent a 2-level anterior cervical discectomy and fusion (ACDF) in 2008 and a revision in 2012. The 3/4/15 cervical spine CT scan impression documented the fusion from C4 through T1 appeared satisfactory. There was no evidence of hardware breakage, loosening, or infection. There was mild to moderate lordotic reversal from C4 through C7, and moderate to severe paravertebral spondylosis at C3/4. There was mild to moderate foraminal stenosis at C5/6 and mild right foraminal stenosis at C6/7. There was no frank disc extrusion or central canal stenosis throughout the study. Findings documented a 1 mm broad-based central disc protrusion and small right uncovertebral osteophytes. There was no hypertrophic facet degenerative joint disease, no central canal stenosis, and no foraminal narrowing. The 7/20/15 neurosurgical report cited persistent neck pain status post cervical fusion. Physical exam documented decreased cervical range of motion, generalized weakness, and intact sensation. Cervical flexion and extension views were recommended. The 8/4/15 neurosurgical report cited intractable neck pain. She denied numbness and tingling in the arms or legs. She had failed conservative treatment, including physical therapy and pain medications. Physical exam documented limited cervical range of motion, and she moved all of her extremities well. She was neurologically stable. Imaging and new films were reviewed. She had limited range of motion but she had what appeared to be a C4/5 total disc replacement with minimal movement at that level along with C3/4 spondylosis.

She also appears to have had a C5/6 ACDF, C6/7 auto-fusion, and C7/T1 ACDF. She had severe spondylosis at the C3/4 level with bridging osteophyte formation. The C2/3 was relatively spared. The plate from the C5/6 ACDF was bridging the disc space at C4/5 as well. The injured worker had symptomatic adjacent segmental disease and spondylosis at the C3/4 level with a prior C4/5 arthroplasty. The treatment plan recommended C3/4 ACDF and attempted removal of the C4/5 total disc replacement as there was progressive spondylosis across C4/5, then possible removal of her C5/6 plate, and plate across from C3 through C5 levels. The C5/6 disc space appeared completely fused. Authorization was requested for C3/4 anterior cervical discectomy and fusion, removal of C4/5 disc and C5/6 plate if possible, with C3-C6 arthrodesis and possible corpectomy with associated surgical requests for cervical collar and bone growth stimulator. The 9/1/15 utilization review non-certified the C3/4 anterior cervical discectomy and fusion, removal of C4/5 disc and C5/6 plate if possible, with C3-C6 arthrodesis and associated surgical requests. The rationale stated that there was an extensive prior fusion from C4 through T1 with no imaging evidence of any hardware complications, nerve root impingement or cord compression, no clinical exam evidence of focal neurologic deficits, and no radiographic evidence of motion segment instability to support the medical necessity of this request.

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

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

**C3-4 anterior discectomy and fusion, removal of C4-5 disc and C5-6 plate if possible with C3-C6 arthrodesis and possible corpectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. 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 intractable neck pain without documentation of current radicular pain and sensory symptoms. There is no documentation of a positive Spurling's test or positive EMG findings. There are no current clinical exam findings of motor deficit or reflex changes. There is no imaging evidence of neural compression at C3/4 or any other level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including selective nerve root block, and failure has not been submitted. There is

no radiographic or imaging evidence of spinal segmental instability, pseudoarthrosis, hardware failure or infection. Additionally, this injured worker has psychiatric disease without no evidence of psychological clearance. Therefore, this request is not medically necessary.

**Associated Surgical Service: Cervical Collar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated Surgical Service: Bone stimulator:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.