

<b>Case Number:</b>	CM15-0061043		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 woman who sustained an industrial injury on 10/6/10. Injury occurred when she was loading a sofa into a vehicle. Past medical history was positive for hypertension. Past surgical history was positive for right shoulder decompression and labral repair in September 2013. Records indicated that an MRI in January 2013 showed degenerative disc disease at C3/4 through C6/7. A cervical MRI was repeated in late 2014 and reportedly showed foraminal stenosis on the right at C6/7 and left at C7/T1, although the actual report was not provided. Electrodiagnostic studies in 2012 were reported as normal, and were apparently repeated in 2014 without evidence of results. The 12/19/14 treating physician report documented that a recent cervical MRI was performed but the results were unknown. Cervical x-rays had been recommended by the spine surgeon and were ordered. Physical exam documented tenderness across the trapezius and bilateral shoulder girdle. Grip strength was 22 right and 42 left. Sensation was decreased along the C5/6 and C6/7 distribution on the right. The 3/6/15 treating physician report cited persistent neck pain and headaches, with severe pain down the right arm and dull achy pain in the left shoulder and biceps. She had imaging performed on 11/20/14 but results were not available. She had difficulty sleeping and had depression and anxiety due to chronic pain. Physical exam documented lumbar paraspinal muscle tenderness and positive facet loading. The diagnoses included discogenic cervical condition with MRI showing disc disease at C3/4 and C6/7, right shoulder impingement syndrome, status post decompression and labral repair September 2013, stiff shoulder due to lack of therapy after surgery, and ulnar nerve neuritis at the elbow. The treatment plan recommended continued

medications, including Norco, Xanax, venlafaxine, and trazodone. She had completed x-rays of the cervical spine and EMG studies in November, but reports were not available. The spine surgeon had requested anterior cervical discectomy and fusion at C6/7, with possible extension at C7/T1 for disc osteophyte complex and loss of disc space at this level causing moderate to severe foraminal narrowing. Authorization for surgery was requested. The 3/16/15 utilization review non-certified the request for anterior cervical discectomy and fusion at C6/7 with possible extension at C7/T1 as the clinical exam findings on the right side did not correlate with reported imaging of left foraminal stenosis and no report was available correlating the injured worker's symptoms. Additionally, there was a lack of documented conservative treatment failure. The request for bilateral upper extremity EMG/NCV was non-certified as the MRI had positive findings and EMG/NCV was not necessary to diagnosis cervical radiculopathy.

### **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 at C6-C7 with Possible Extension at C7-T1:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Fusion, anterior cervical.

**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. Guideline criteria have not been met. This patient presents with persistent function-limiting neck pain, with severe pain down the right arm and dull achy pain in the left shoulder and biceps. There are no current clinical exam findings to correlate with reported imaging evidence of right C6/7 and left C7/T1 foraminal stenosis. There was no documentation in the available records of a motor deficit, reflex change, positive EMG findings, or Spurling's test. There was documentation of decreased right C5/6 and C6/7 dermatomal sensation. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**EMG/NCV of the Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Electrodiagnostic testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182.

**Decision rationale:** The California MTUS ACOEM guidelines state that EMG is not recommended for diagnosis of cervical nerve root involvement if findings or history, physical exam, and imaging study are consistent. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. EMG is recommended to clarify nerve root dysfunction in cases of suspected disc herniation pre-operatively or before epidural injection. Guideline criteria have not been met. There is no clear evidence of subtle neurologic dysfunction to support the medical necessity of electrodiagnostic studies. Records indicated that EMG/NCV studies in 2012 were normal and had been repeated in 2014 with no documentation of results. Additionally, a recent cervical spine MRI was performed and the results are not available for review. There is no compelling reason provided to support repeat electrodiagnostic testing at this time. Therefore, this request is not medically necessary.