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| <b>Case Number:</b>   | CM15-0066219 |                              |            |
| <b>Date Assigned:</b> | 04/14/2015   | <b>Date of Injury:</b>       | 09/20/2011 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 03/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2015 |

### 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 46-year-old female who sustained an industrial injury on 9/20/11. Injury was reported relative to continuous trauma using a microscope. The 2/23/15 treating physician report cited grade 6/10 neck pain radiating to the bilateral shoulders, left greater than right. She was using TENS unit daily, heating pad, and Theracane. Current medications included Naproxen, Omeprazole, and LidoPro cream and were helpful. Physical exam documented tenderness to palpation, abnormal (but not specified) reflexes and normal gait. The treatment plan recommended continued medications and acupuncture x 6 for the cervical spine and left shoulder. The 3/17/15 neurosurgical report cited worsening pain and numbness bilateral upper extremities. Physical exam documented 4+/5 wrist extensor, triceps, finger flexor, and hand intrinsic weakness. Sensation was intact and there was no ataxia. Records documented MRI findings of severe stenosis at C3/4 and C4/5, and to a lesser degree at C5/6. Authorization was requested for anterior cervical decompression and fusion with instrumentation C3-C4 and C4-C5, posterior cervical decompression and fusion C3-T1, and 4-day inpatient stay. The 3/27/15 utilization review non-certified the request for anterior cervical decompression and fusion with instrumentation C3-C4 and C4-C5, posterior cervical decompression and fusion C3-T1 as there was evidence of stenosis from C3-C6 but no documentation of kyphosis or instability to warrant the surgical request. The primary treating physician and acupuncture treatment notes from 3/25/15 through 4/8/15 documented acupuncture was helpful with pain management and provided functional benefit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Anterior Cervical Decompression and Fusion with Instrumentation C3-4 and C4-5:**

Overtured

**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 and Upper Back Chapter.

**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 patient presents with reported worsening pain and bilateral upper extremity numbness. Clinical findings are consistent with imaging and reasonable non-operative treatments have been tried and failed. There is imaging evidence of spinal severe stenosis from C3-C5. Therefore, this request is medically necessary at this time.

### **Posterior Cervical Decompression and Fusion C3-T1:** Overtured

**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 and Upper Back Chapter.

**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, posterior 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 state that posterior cervical fusion is under study. A posterior fusion and stabilization procedure is often used to treat cervical instability secondary to traumatic injury, rheumatoid arthritis, ankylosing

spondylitis, neoplastic disease, infections, and previous laminectomy, and in cases where there has been insufficient anterior stabilization. Guideline criteria have been met. This patient presents with reported worsening pain and bilateral upper extremity numbness. Clinical findings are consistent with imaging and reasonable non-operative treatments have been tried and failed. There is imaging evidence of spinal severe stenosis from C3-C5. Therefore, this request is medically necessary at this time.

**Inpatient Stay (4-days):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Hospital Length of Stay (LOS) Guidelines.

**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:** As the surgical requests are supported, this request is medically necessary for pain control and assessment of vital signs, along with wound checks, mobilization and overall pulmonary toilet.