

<b>Case Number:</b>	CM15-0071837		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 41-year-old female who sustained an industrial injury on 3/1/13. The mechanism of injury was not documented. The treating physician progress reports from 9/24/14 through 1/21/15 documented on-going constant moderate to severe neck pain radiating to both hands, with numbness and intermittent pain into the anterior chest. Physical exam documented exquisite cervical paravertebral muscle tenderness, limited flexion/extension due to pain, positive Spurling's and normal gait. The diagnosis included cervical sprain and moderately severe to severe spinal stenosis at C5/6. Cervical spine surgery had been recommended. Records documented the injured worker began smoking cessation and was able to fully quit as of 12/17/14. The treating physician report continued to request the consultant's report. Conservative treatment included medications and home exercise program. The 2/18/15 treating physician report cited cervical spine pain with tightness and spasms. Medications reduced her symptoms to grade 4/10 allowing her to be functional. Physical exam and diagnosis were unchanged. The treatment plan recommended continued medications (Norco, Trazodone, and Docuprene) and home exercise program. The treating physician report indicated that he was awaiting the consultant's report, and requested authorization for neck surgery. The injured worker was working with restrictions. The 3/23/15 utilization review non-certified this request for neck surgery based on a lack of cervical radiculitis symptoms, normal neurologic examination, and failure of imaging studies to correlate with symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neck Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. 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 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. Guideline criteria have not been met. This patient presents with complaints of cervical pain radiating to both hands with intermittent numbness, and a positive Spurling's test. Functional difficulty is noted with modified work status. There is no evidence of a motor deficit or reflex change or EMG report to correlate with the reported diagnosis of moderately severe to severe central canal stenosis at C5/6. There is no imaging evidence documented in the provided records. 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 at this time.