

<b>Case Number:</b>	CM15-0091943		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	11/10/2001
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 47-year-old male who sustained an industrial injury on 11/10/01. Injury occurred while he was working on a scaffold, and a piece of drywall struck him. Past surgical history was positive for lumbar discectomy on 3/29/11, and right knee arthroscopy on 1/29/13. Records suggested that recent conservative treatment had included chiropractic therapy, medications, and activity modification. The 10/23/14 treating physician report cited continued neck pain due to disc protrusion, extending to both arms and particularly the left hand. There was pain and tenderness on deep palpation at C3/4, C4/5 and C6/7. The 12/18/14 treating physician report cited severe neck pain extending to the left shoulder. There was disc tenderness to palpation at C3/4, C4/5, and C6/7 with positive left shoulder impingement testing. The 2/20/15 cervical spine MRI impression documented early disc desiccation at the C3/4, C4/5, and C6/7 levels. There was focal central disc protrusions effacing the thecal sac at C3/4 and C4/5 with spinal canal compromise. At C6/7, there was a diffuse disc protrusion effacing the thecal sac. The C7 exiting nerve roots were unremarkable. Compared to the prior scan dated 8/11/12, there was no neuroforaminal narrowing in the current scan at C3/4 and C5/6 which was seen previously. There was no significant interval change at C6/7. The 4/15/15 handwritten treating physician report cited major pain at cervical spine and headaches. Objective findings documented tender disc on palpation at C3/4, C4/5, and C5/6. The diagnosis included cervical spine disc protrusion. Authorization was requested for disc decompression C3/4, C4/5, and C6/7. The treatment plan included self-directed exercise and prescribed Naprosyn, Ultram and Zantac. The injured worker was off work. The 4/20/15 utilization review non-certified the request for

cervical decompression C3-7 as there was no current neurologic examination or detailed discussed of conservative treatment to date.

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

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

#### **RUSH Disc Decompression C3-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications for cervical decompression that 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 patient presents with chronic neck pain with headaches. Records have also documented complaints of bilateral arm pain to the left hand, and radiation to the left shoulder. Clinical exam findings do not evidence sensory symptoms, positive Spurling's, motor deficit, or reflex changes that correlate with imaging evidence of disc protrusions effacing the thecal sacs at C3/4, C4/5, and C6/7. There are no EMG findings or positive response to a selective nerve root block documented. 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.