

<b>Case Number:</b>	CM15-0093362		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 63-year-old female who sustained an industrial injury on 12/5/07, relative to a cumulative trauma. The 12/22/14 cervical spine MRI impression documented narrowing at the C3-4 disk space with posterior spurring and bulging causing 2.5 mm encroachment on the anterior thecal sac. There was uncovertebral hypertrophy causing moderate right neuroforaminal narrowing. Facets showed degenerative change on the right. At C4/5, there was disc space narrowing with posterior spurring and bulging (right greater than left) causing over 3 mm encroachment on the thecal sac and AP canal diameter of 8 mm. There was marked right neuroforaminal narrowing, and degenerative facet joint change. At C5/6, there was disc space narrowing with posterior spurring and bulging (right greater than left). This caused 3 mm encroachment on the thecal sac, moderate right sided neuroforaminal narrowing, and AP canal diameter of 9.3 mm. There was degenerative facet joint change. The 4/22/15 treating physician report cited severe cervical pain radiating into the upper trapezius areas bilaterally. Physical exam documented 4/5 right intrinsic muscle weakness, and decreased sensation over the right dorsal arm, radial forearm, thumb, and right C6 distribution. Deep tendon reflexes were decreased over the bilateral triceps and right biceps. Authorization was requested for anterior cervical discectomy and fusion at C5/6 and C6/7. The 5/5/15 utilization review non-certified anterior cervical discectomy and fusion at C5-6 and C6-7 with associated surgical services, as there was a lack of clear rational explanation for the site of the proposed surgery based on imaging and clinical symptoms. The 5/11/15 neurosurgeon letter stated that an error had been made in her consult dated 4/22/15 and the request should have read anterior cervical discectomy

and fusion at C4/5 and C5/6, and possibly C3/4. The 5/29/15 neurosurgical report indicated that the injured worker was scheduled for a C4/5 and C5/6 anterior cervical discectomy and fusion on 6/2/15. The impression was spondylosis with myelopathy secondary to cervical disc disease at C4/5 and C5/6 with evidence of long tract signs.

### **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 possibly C3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary Online Version.

**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 injured worker presents with persistent neck and upper trapezius pain. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure was submitted. The neurosurgeon issued a corrected request for surgery at the C4/5 and C5/6 levels, with possible inclusion of the C3/4 level. However, clinical exam findings do not correlate with imaging evidence of plausible nerve root compression at the C3/4 surgical level. Therefore, this request for possible anterior cervical discectomy and fusion at C3/4 is not medically necessary.