

<b>Case Number:</b>	CM13-0045225		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male who reported an injury while carrying a chair on 12/08/2011. On 10/23/2013, his diagnoses included cervical disc protrusion, cervical musculoligamentous injury, and cervical radiculopathy, left rotator cuff tear, left shoulder internal derangement, left shoulder sprain/strain, and status post-surgery left shoulder. His complaints included constant neck pain aggravated by repetitive motion rated 8/10. There was 3+ tenderness and muscle spasms noted at the bilateral trapezii and cervical paravertebral muscles. Cervical compression caused pain. He had undergone 2 diagnostic cervical epidural steroid injections which reduced his pain from 9/10 to 5/10 and lasted from 4 to 5 days. On 04/19/2013, there was a recommendation for a therapeutic cervical epidural steroid injection, but no documentation regarding the results thereof. It was noted that he was receiving chiropractic treatments and acupuncture, as well as participating in home exercises. The body parts receiving the therapies were not identified. An MRI of the cervical spine on 01/30/2012 revealed disc osteophyte complex bulging at C3-4, C4-5, C5-6, C6-7, and C7-T1. All were noted to be compressing the ventral aspect of the spinal cord, resulting in spinal canal and bilateral neural foraminal stenosis with compression to the bilateral exiting nerve roots. At C6-7, compression was noted to be at the left exiting nerve root, and the right exiting nerve root was effaced. There was facet arthrosis and neural foraminal stenosis at all levels. It was alluded that a report dated 08/12/2013 recommended anterior cervical discectomy and fusion at C4-5 and C5-6, and that this worker desired to proceed with the surgery. That report was not available for review. Electrodiagnostic studies were mentioned in reviews, but original reports were not submitted for review. A Request for Authorization dated 10/23/2013 was included in this injured worker's chart.

## 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 C4-5 and C5-6: 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): 179-181.

**Decision rationale:** The request for anterior cervical discectomy and fusion at C4-5 and C5-6 is not medically necessary. The California ACOEM Guidelines note that within the first 3 months of onset of potentially work related acute neck and upper back symptoms, consider surgery only if the following are detected: severe spinal vertebral pathology, severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy, or a disc herniation. Disc herniations may impinge on nerve roots, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Discectomy is not recommended for treatment of acute, subacute, or chronic cervical pain without radiculopathy. A single cervical nerve root or epidural glucocorticosteroid injection may be tried to attempt to control symptoms and allow sufficient time to ascertain whether the problem will become controlled and resolve over time without surgery. Referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, clear clinical imaging and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the long and short term and unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If there is no clear indication for surgery, referring the surgery to a physical medicine and rehabilitation specialist may help resolve symptoms. Based on extrapolating studies on back pain, it would also be prudent to consider a psychological evaluation of the patient prior to referral for surgery. All surgical requests must be supported by diagnostic studies which need to be an original report. It cannot be an interpretation from a physician or a summarization within a submitted document. There was no original electrodiagnostic study submitted for review. There was no evidence that this injured worker had undergone conservative treatment including physical therapy, acupuncture, or chiropractic treatment to the cervical region. There was no documentation of instability. Additionally, there was no referral for psychological evaluation. The clinical information submitted failed to meet the evidence based guidelines for the requested procedure. Therefore, this request for anterior cervical discectomy and fusion at C4-5 and C5-6 is not medically necessary.