

<b>Case Number:</b>	CM13-0002483		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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:

This is a 57-year-old gentleman who sustained a neck injury on 2/16/12. On 10/7/13, a progress report from [REDACTED] appeals a recent denial for a surgical process to the cervical spine. Formal physical examination findings or further documentation of treatment to the claimant was not noted at the time of appeal. Previous testing for review includes a 3/20/13 electrodiagnostic study report failing to demonstrate acute cervical or lumbar radiculopathy to the upper or lower extremities. Further physical examination findings by [REDACTED] dated 8/6/13 gave subjective complaints of neck pain aggravated by repetitive motion with physical examination showing tenderness to the cervical spine with dyesthesias in a C6 and C7 dermatomal distribution, positive Spurling testing, and no other neurologic findings documented. Treatment plan at that time was to consist of a C4 through C7 with possible extension to C3-4 anterior cervical discectomy and fusion with hardware placement. Imaging in regard to the claimant's cervical spine is not formally noted. Formal imaging findings are not available for review. As stated, at present there is an appeal for the decision of a three-level, potentially four-level, anterior cervical discectomy and fusion with hardware placement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C7 Possible C3-4 anterior cervical discectomy with implantation of hardware:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th. Edition, neck procedure.

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the multilevel cervical fusion cannot be recommended as medically necessary. CA MTUS guidelines state, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated" and "Not Recommended: Discectomy or fusion for nonradiating pain or in absence of evidence of nerve root compromise". In this case, formal imaging is unavailable for review to demonstrate compressive pathology at the four requested cervical levels and there is not documentation of a radicular process on examination that would correspond to the proposed surgical levels. Taking into account the claimant's recent electrodiagnostic studies of the upper extremities that fail to demonstrate a radicular process, the need for the proposed procedure in this case would not be indicated.

**2-3 days inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th. Edition, neck procedure..

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th. Edition, neck procedure..

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Cervical collar, Minerva mini collar, Miami J collar with thoracic extension, bone stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th. Edition, neck procedure..

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Medical Clearance with Internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th. Edition, neck procedure..

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.