

<b>Case Number:</b>	CM13-0008835		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 New York and Washington. 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:

The patient is a 30 year old female who was rear-ended at a stop light in 2010. She has chronic neck pain and back pain. She was treated with trigger point injections, epidural injections, nerve blocks, acupuncture and chiropractic care without relief. She has been diagnosed with fibromyalgia. Physical therapy was tried but do not help, aquatic therapy did help with pain relief. She has taken multiple medications to include Norco, Fentanyl patch and Lyrica. She has narcotic dependence with withdrawal symptoms. Because of her severe and chronic pain, she desires to consider surgery. MRI of the cervical spine in 2013 shows mild cervical disc bulges at C5-6 and C6-7. At issue is whether or not 2-level anterior cervical spine decompression and fusion surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior decompression and fusion at C5-6 and C6-7 with instrumentation and bone graft:**  
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): 179.

**Decision rationale:** This patient has chronic axial neck pain and multiple levels of cervical disk degeneration on MRI imaging. There is no myelopathy and no clearly documented cervical radiculopathy that is correlated with the cervical MRI findings. There is no specific neurologic compression on the MRI that has physical examination documentation of radiculopathy. Fusion and decompression surgery for disc degeneration for axial neck pain without defined radiculopathy or myelopathy and that is not substantiated with MRI imaging of neural compression is not likely to relieve symptoms in cases of multiple levels of cervical degeneration. Also, surgery is not likely to be successful in patients who have fibromyalgia without clearly documented radiculopathy and myelopathy. MTUS criteria for neck decompression and fusion are not met. The request for anterior decompression and fusion of the cervical spine is not medically necessary and appropriate.

**An inpatient stay of one day:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**

**assistant surgeon:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**

**Miam J collar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**

**bone growth stimulator:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**

**cold therapy unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:**