

<b>Case Number:</b>	CM13-0011348		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 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 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 claimant is a 46-year-old male who injured his neck in a work-related accident on September 21, 2012. Current clinical records indicate a recent MRI report, dated October 18, 2012, specific to the claimant's C6-7 level, showing a broad-based disc protrusion asymmetric to the right resulting in mild to moderate canal narrowing with facet arthropathy and severe foraminal narrowing on the right and moderate foraminal narrowing on the left. A clinical progress report dated May 2, 2013 indicated ongoing complaints of pain about the neck with radiating C7 radicular complaints; several months of conservative treatment has not improved symptoms. There were complaints of right arm weakness. Physical examination showed 5/5 motor strength to the upper extremities bilaterally with a positive Spurling's test, mildly restricted cervical range of motion, no reflexive changes, and sensory hypesthesias in the C7-8 dermatomal distribution on the right. Based on this claimant's failed conservative measures and current diagnosis of C7 radiculopathy, a C6-7 anterior cervical discectomy and fusion was recommended for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-C7 ANTERIOR DISCECTOMY, C6-C7 ANTERIOR INSTRUMENTATION, C6-C7 ANTERIOR FUSION AND STRUCTURAL ALLOGRAFT BONEGRAFT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 164, 166, 179-180.

**Decision rationale:** Based on the clinical records reviewed and California ACOEM guidelines, the surgical process would be supported. The MTUS states that within the first three months of neck and upper back symptoms, the only patients who can be expected to benefit from surgery are those with evidence of severe spinovertebral disease or with severe, debilitating symptoms and physiologic evidence of specific nerve root or spinal cord compromise, corroborated by appropriate imaging studies. The claimant's clinical picture is highly consistent with C6-7 pathology, which is prominent on MR imaging and corroborated by the claimant's recent physical examination findings and documentation of failed conservative care. The role of operative intervention at this chronic stage in the claimant's course of care would be supported by neurocompressive pathology as stated that is supported by both physical examination and imaging. The request is certified.

**ASSISTANT SURGEON/PA:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Millman Care Guidelines, and the American Association of Orthopaedic Surgeons.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MILLIMAN CARE GUIDELINES 17TH EDITION

**Decision rationale:** The California MTUS guidelines are silent on this issue, so alternate guidelines were used. When looking at the Millman Care Guidelines, an assistant surgeon would also be indicated given the nature of the surgical process in question. The request is certified.