

<b>Case Number:</b>	CM13-0015314		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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:

This 37-year-old female reported an onset of neck and right upper extremity radiating symptoms on 2/9/13, relative to lifting and unloading materials for an event. The patient failed to improve with initial chiropractic treatment. The 5/24/13 cervical MRI documented mild right neuroforaminal stenosis and minimal central canal stenosis at C4/5 secondary to a right paracentral/posterolateral disc protrusion. The 6/3/13 initial orthopedic spine surgery report cited grade 7/10 neck pain radiating into the left trapezius and right arm, with intermittent right hand numbness. Objective findings documented mild to moderate loss in cervical flexion/extension, negative Spurling's, 4/5 right shoulder abduction and forward flexion strength, symmetrical deep tendon reflexes, and intact sensation. Physical therapy was recommended. The 8/19/13 report cited significant radiating symptoms into her right arm with shoulder weakness and positive Spurling's sign. These symptoms and findings were reported consistent with MRI findings of single level degenerative disc and neuroforaminal stenosis at C4/5. The treating physician appealed the denial of anterior cervical fusion C4/5 and requested an EMG/nerve conduction study. The 9/20/13 bilateral upper extremity EMG and nerve conduction study was normal. There was no evidence of carpal tunnel syndrome, ulnar neuropathy, radial neuropathy or cervical radiculopathy. The 9/25/13 cervical MRI demonstrated multilevel mild cervical spondylosis with no high-grade central canal or neuroforaminal narrowing. The 9/30/13 treating physician report documented review of the recent diagnostic studies and indicated a change in treatment recommendations and diagnosis. The diagnosis was reported as cervical strain and rule-out right shoulder internal derangement or rotator cuff injury. The patient reported a positive response to a recent trigger point injection. The treatment plan recommended conservative non-operative treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ANTERIOR CERVICAL FUSION C4-C5 - INSERTION INTERBODY DEVICE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ACC/AHA 2007 Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter, section on Fusion, anterior cervical.

**Decision rationale:** The Official Disability Guidelines recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met including clinical findings of nerve root compression or positive EMG findings that correlate with imaging. According to the medical records provided for review, guideline criteria have not been met. The 9/25/13 MRI did not document nerve root compression or high-grade central canal, lateral recess, or neuroforaminal stenosis. The 9/20/13 EMG findings were normal, with no evidence of cervical radiculopathy. The provider has indicated that conservative non-operative treatment is indicated at this time. A shoulder diagnosis is also being considered. Therefore, this request for anterior cervical fusion at C4/5 is not medically necessary and appropriate.

### **ONE (1) DAY INPATIENT STAY:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **PRE-OP MEDICAL CLEARANCE:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

### **POST-OP CERVICAL BRACE:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.