

<b>Case Number:</b>	CM13-0015545		
<b>Date Assigned:</b>	10/09/2013	<b>Date of Injury:</b>	05/09/2006
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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:

The patient is a 25-year-old female who injured her neck on 05/09/06. Records for review include a 05/08/13 progress report with [REDACTED] who indicated that the claimant continued to be with complaints of pain about the neck as well as left greater than right upper extremities since injury in 2006. It states since that time that she has had "several carpal tunnel surgeries and elbow surgeries", none of which had been "helpful". Her neck symptoms were described as constant in nature with radiating pain to the left upper extremity to the wrist. Physical examination findings showed a negative Spurling's test with 5/5 motor strength to the upper extremities bilaterally, equal and symmetric reflexes, "reasonable range of motion" and no sensory deficit. The treating physician stated at that time that a previous MRI scan showed C5-6 and C6-7 degenerative changes with disc bulge and mild stenosis. Based on failed conservative care, operative intervention in the form of two level anterior cervical discectomy and fusion at the C5-6 and C6-7 levels was recommended. It was noted that the treating physician would not perform surgery until she "quit smoking". The specific amount of smoking was not noted. It states that recent care had included epidural injections with no significant relief.

### 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 with plating C5-6 and C6-7: 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): 180.

**Decision rationale:** CA MTUS Guidelines state that "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". The available clinical records fail to demonstrate significant compressive pathology on imaging and also fail to demonstrate physical examination findings that demonstrate a radicular process that would correlate with the two requested levels of surgical procedure. The need for operative intervention in this case, thus, cannot be established. This is also taking into account the claimant's smoking history, which would obviously pose additional risk for nonunion giving consideration to the operative procedure in question.