

<b>Case Number:</b>	CM13-0024569		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Texas. 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 injured worker is a 54-year-old male who reportedly sustained a lifting injury to the neck on 08/30/12 while lifting a gas tank onto a forklift. He complains of neck pain, right shoulder pain, and arm pain associated with numbness and tingling. Magnetic resonance image of the cervical spine dated 11/21/12 revealed C5-6 decreased disc height with disc desiccation with anterior and posterior osteophytes encroaching upon the ventral aspect of the cervical spinal cord with associated moderate spinal stenosis and bilateral foraminal narrowing; no disc bulges or protrusions identified; C6-7 disc is of normal height; 3 x 4mm right sided disc herniation noted; extruded disc extends cephalad within the spinal canal encroaching upon the ventral aspect of the cervical spinal cord and possibly the right side of the cervical spinal cord as well; it likely encroaches upon the right sided nerve roots at this level, and also extends into the right C7 neural foramen. The injured worker was seen on 08/13/13 and is still having pain and discomfort. On examination the injured worker has tenderness to palpation cervical spine slightly improved; range of motion slightly improved; weakness of grip strength on right side and weakness of triceps on right side; sensation slightly improved on right sided upper extremity. The injured worker was seen for neurosurgical consultation on 08/21/13. Treatment was noted to include 6 weeks of physical therapy and a cortisone shot in the neck. The cortisone injection helped for a month or so. The injured worker currently is taking 4 Norco a day. On examination the injured worker has a positive Spurling's sign with neck extension causing radiation to the right arm. There is associated numbness and weakness in the C6 distribution. Biceps reflex is diminished. There is full strength. There are no long tract signs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR CERVICAL DECOMPRESSION AND FUSION C5-6, C6-7; CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Fusion, Anterior Cervical.

**Decision rationale:** American College of Occupational and Environmental Medicine guidelines reflect that the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated, and it would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. There is no evidence of instability of the cervical spine at any level, and no pre-operative psychological evaluation was documented. The MRI submitted for review is nearly 2 years old, and does not support the proposed surgery at both C5-6 and C6-7. The injured worker reportedly has failed conservative care, but there is no comprehensive history of the nature and extent of treatment to date including the dates and number of physical therapy visits, date and level(s) of cervical cortisone injection. Based on the clinical information provided, the request for anterior cervical decompression and fusion C5-6, C6-7; cervical spine is not recommended as medically necessary.

**3 DAY INPATIENT STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital Length of Stay.

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