MAXIMUS Federal Services

| Case Number: | CM13-0026660 | | |
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| Date Assigned: | 12/04/2013 | Date of Injury: | 03/01/2011 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 09/06/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

## 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.

## 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 36-year-old gentleman who sustained an injury to his neck in a work related accident on March 1, 2011. The clinical records for review include prior electrodiagnostic studies to the upper extremities from December 17, 2012 that show an active bilateral C6 radiculopathy. CT scan of the cervical spine dated December 4, 2012 shows disc bulging at C3-4 and C4-5 and the C6-7 level to be with questionable findings of a disc bulge. MRI report of the cervical spine from June 25, 2012 shows the C6-7 level to be with a 4 millimeter right paracentral disc protrusion resulting in moderate effacement of the thecal sac resulting in moderate central stenosis. The most recent progress report of August 21, 2013 indicates ongoing complaints of pain despite conservative care. It states a recent request for C6-7 surgery was offered, but the claimant declined surgery at that time. Physical examination showed motor testing revealed 5/5 motor strength with diminished sensation to the right ulnar aspect to the hand. Plan at that time based on failed conservative care, claimant's imaging and electrodiagnostic studies was for surgery in the form of anterior cervical discectomy and fusion at the C6-7 level.

## 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 at C6-7:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Fusion and Indications for Surgery: Discectomy/Laminectomy

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the one level cervical fusion would appear warranted. The claimant's clinical picture is consistent with that of a C6 radiculopathy with positive MRI report, electrodiagnostic studies and physical exam findings demonstrating sensory change at the time of the last assessment. Given over a year of failed conservative care and the claimant's continued symptoms, the role of a one level anterior cervical discectomy and fusion would appear to be medically necessary given the clinical records available for review.