

<b>Case Number:</b>	CM13-0028135		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 claimant is a 57-year-old gentleman who was injured on September 19, 2008 sustaining injury to the neck. Recent clinical assessments for review include an operative report for review of August 29, 2013 indicating the claimant underwent a three level anterior cervical discectomy and fusion at C4-5, C5-6, and C6-7 for a preoperative diagnosis of degenerative disc disease, herniated disc and radiculopathy. Prior to this assessment for review was an assessment of July 26, 2013 where the claimant was noted to be with the diagnoses of radicular symptoms and cervical degenerative disc disease with physical examination showing restricted range of motion, tenderness, equal and symmetrical +2 reflexes, 5/5 motor strength and grossly intact sensory examination. Preoperative imaging for review included an MRI report of January 2013 showing the C4-5 level to be with a disc osteophyte complex and bilateral narrowing of the neural foramina, C5-6 to be with degenerative changes and disc osteophyte complex with narrowing of the foramina and C6-7 to be with a mild disc bulge, hypertrophy and narrowing of the neural foramina bilaterally. Conservative care was noted to have included medications, activity restrictions, and trigger point injections. There is retrospective request for the anterior cervical discectomy and fusion performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for cervical anterior decompression & fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation practice guidelines- treatment of neck complaints-Cervical Fusion for non-specific chronic cervical pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Procedure, Fusion- Anterior Cervical

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the role of the above procedure would not have been indicated. The claimant's preoperative assessment of July 2013 with treating provider [REDACTED] failed to demonstrate any degree of neurologic radicular finding on examination citing full motor strength, a normal sensory examination and no reflexive changes to the upper extremities bilaterally. The absence of clinical correlation between physical examination, radicular findings and the claimant's requested level of surgery would fail to necessitate the role of the proposed procedure per Guideline criteria.