

<b>Case Number:</b>	CM13-0028785		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/13/2001
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 60 year old female who has a work-related injury on January 13, 2001 from cumulative trauma. The patient had microdiscectomy at L3-4 and L4-5 in 2009 and cervical discectomy at C3-4 C4-5 C5-6 and C6-7 also of 2009. She did well until June 2012 when she noticed recurrent neck and arm pain. She also complains of weakness and tingling in the right arm. X-rays from January 2013 reveal disc space narrowing at C6-7 and moderate spondylosis at C6-7. There is spondylosis from C4-5 through C6-7 levels. Physical exam revealed evidence of cervical spasm and tenderness. There is reduced range of motion. Deep tendon reflexes and motor exam is not documented as being abnormal. There is diminished sensation to the right first 3 fingers. Conservative treatment has consisted of medications and physical therapy. At issue is whether [REDACTED] decompressive cervical discectomy at C3 and C6 is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Surgery: Microcompressive Cervical Discectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166,179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence. Surgical Considerations.

**Decision rationale:** This patient does not meet established criteria for cervical decompressive surgery. Specifically, the patient does not have radiculopathy on physical examination that is clearly correlated with compressive pathology on imaging studies. Since there is no correlation between physical examination and imaging studies with respect to cervical radiculopathy or myelopathy, criteria for cervical decompressive surgery are not met. In addition, there is no red flag indicators for cervical spine surgery such as fracture, tumor, or worsening neurologic deficit.