

<b>Case Number:</b>	CM13-0030914		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 42-year-old female who was injured in a work related accident on March 7, 2013 when she injured her neck secondary to lifting heavy cables in a work related function. The clinical records reviewed include an MRI report of June 25, 2013 of the cervical spine that showed the C5-6 level to be with a 2 millimeter disc protrusion which encroaches upon the ventral aspect of the cord and the right ventral nerve root. Physical examination findings demonstrated a November 8, 2013 progress report with [REDACTED] with a positive Spurling's test and subjective complaints of axial pain radiating proximally to the shoulder and upper arm. There was no documentation of motor, sensory or reflexive changes to the upper or lower extremities. It indicated at that time that the claimant had failed conservative care in the form of medications. He indicated plan for surgical intervention in the form of an anterior cervical discectomy and fusion at the C5-6 level to be performed due to ongoing complaints. Further clinical imaging is not available for review. Documentation of other forms of treatment was not noted as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient- Anterior cervical discectomy and fusion a C5-6 level:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical.

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, anterior cervical discectomy and fusion at the C5-6 level would not be indicated. Guideline criteria for proceeding with anterior cervical discectomy and fusion would indicate concordant findings on physical examination with abnormal imaging findings that would demonstrate nerve root involvement. The records in this case, while demonstrating C5-6 disc bulge, fail to demonstrate clinical correlation on physical examination that would be supportive of a C5-6 surgical process. Furthermore, the clinical records for review fail to demonstrate significant course of conservative measures other than the usage of medication management alone. Given the fact that Guidelines state that there needs to be evidence of radicular pain in a pattern of cervical distribution that correlates with the involved cervical level of process, the specific request in this case would not be indicated.

**Post-OP PT 2-3X6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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