

<b>Case Number:</b>	CM13-0031192		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	09/16/2013
<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 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 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 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:

This claimant is a 65-year-old injured in a work-related accident on January 31, 2003. In the records provided for review relating to the claimant's neck, there was an orthopedic progress report by [REDACTED] dated October 21, 2013, documenting denial for the request of a multilevel fusion procedure. [REDACTED] noted the physical examination from August 19, 2013 showed dysesthesias in a C5 through C7 dermatomal distribution, positive Spurling's test, and restricted range of motion. The working diagnosis was cervical discopathy. Previous electrodiagnostic studies dated November 13, 2012, showed mild to moderate bilateral carpal tunnel syndrome with no indication of an acute cervical radicular process. Imaging reports were not provided. This is a request for the requested four-level anterior cervical discectomy with implantation of hardware from C3 through C7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **C3-C7 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 and 180. 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 the California ACOEM Guidelines and supported by the Official Disability Guidelines, the surgical request for C3-C7 anterior cervical discectomy with implantation of hardware cannot be supported. There are no medical records or imaging reports for neural compressive process at the four requested cervical levels in this claimant. The electrodiagnostic studies did not identify any evidence of cervical radiculopathy. The lack of documentation between physical examination and imaging or electrodiagnostic testing would fail to necessitate the role of a multilevel procedure at present. Therefore, the requested services are not medically necessary at this time.