

<b>Case Number:</b>	CM13-0032219		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/07/2008
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	10/17/2013

### 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:

This gentleman was injured in February of 2008 and the medical records provided for review document degenerative disc disease of the cervical spine. There is no documentation of neurologic deficit and his most recent 2013 electromyography (EMG) documents polyneuropathy with no evidence of cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Appeal for anterior cervical discectomy and fusion at C5-C6 and C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 179-181.

**Decision rationale:** The requested C5-C6 and C6-C7 ACDF is not medically necessary based on review of the medically record. In this case there is no documentation of neurologic deficit and his most recent 2013 electromyography (EMG) documents polyneuropathy with no evidence of cervical radiculopathy. The ACOEM guidelines document the use of cervical spine surgery in patients who have disc herniation with radiculopathy and neurologic deficit who have failed appropriate conservative care. While at times cervical spine fusion can be done for patients with

instability, it often does not improve patients' chronic neck pain. In light of the fact that there is no evidence of significant disc herniation and neurologic compression on diagnostic testing and there is no evidence of neurologic abnormality on physical examination and the EMG test does not document radiculopathy, then the requested surgical intervention is not medically necessary.