

<b>Case Number:</b>	CM13-0033802		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/09/2006
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 New York, New Hampshire and Washington. 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 44 year old obese female who is a smoker. She was injured at work on May 9, 2006 and the mechanism is not documented. She complains of upper extremity pain. She complains of chronic neck pain. Physical examination shows no for local neurologic deficit with good motor function and normal symmetrical reflexes in the bilateral upper extremities. No long track signs are present. Cervical MRI done in September 2012 showed C5-6 and C6-7 disc osteophyte complexes with mild central stenosis and bilateral foraminal stenosis. At issue is whether two-level ACDF surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Anterior cervical discectomy and fusion with plating C5-C6 and C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic (Acute and Chronic) Fusion and Discectomy; Cervical Thoracic Spine: Surgeries

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180.

**Decision rationale:** This patient has not been established criteria for cervical decompression and fusion surgery. Specifically the patient does not have a documented neurologic deficit. In

addition imaging studies do not document severe compression of the spinal cord or nerve roots. There is also no instability documented in the cervical spine. The patient has no red flag indicators for spinal surgeries such as progressive neurologic deficit, concern for tumor, or fracture. Criteria for surgery are not met.