

<b>Case Number:</b>	CM13-0034110		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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, has a subspecialty in Spine 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:

The injured worker is a 47-year-old male who reported an injury on 09/09/2011. The mechanism of injury involved a fall. The current diagnosis is cervical sprain/strain with cervical spondylosis and C6-7 foraminal stenosis. The injured worker was evaluated on 09/09/2013 with complaints of 3/10 pain. The injured worker has been previously treated with physical therapy and medication management. Physical examination on that date revealed positive tenderness to deep palpation in the posterior cervical spine and trapezius, positive guarding to deep palpation, positive Spurling's maneuver bilaterally, limited cervical range of motion, 5/5 motor strength in the bilaterally upper extremities, and decreased sensation in the C6 and C7 dermatomes bilaterally. X-rays obtained in the office on that date indicated a loss of disc height with cervical spondylosis at C5-6 and C6-7. Treatment recommendations at that time included an anterior cervical discectomy and fusion at C5-6 and C6-7. It is also noted that the injured worker underwent an MRI of the cervical spine on 02/22/2012, which indicated mild multilevel degenerative changes with mild right foraminal narrowing at C4-5, C5-6, and C6-7.

### 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 C5-C6 AND C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty and Fusion, anterior cervical.

**Decision rationale:** As per the documentation submitted, the injured worker's physical examination does reveal sensory and motor changes. There is also evidence of a failure of conservative treatment to include medications and physical modalities. However, the injured worker's physical examination revealed 5/5 motor strength and 2+ deep tendon reflexes bilaterally. There is no evidence of a motor deficit or reflex changes or a positive electromyography (EMG) study. Therefore, the injured worker does not currently meet criteria as outlined by the Official Disability Guidelines for the requested service. As such, the request is non-certified.

**Assistant Surgeon:** 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.

**Inpatient 23 Hour Length of Stay:** 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.