

<b>Case Number:</b>	CM13-0034719		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Orthopaedic Surgery, has a subspecialty in Spinal 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:

51 year old female patient with injury 12/17/07. Exam note from 7/17/13 demonstrates neck pain with radiation to shoulders. 1/17/12 EMG/NCV testing performed demonstrates positive carpal tunnel syndrome. Physical examination demonstrates C6 dermatomal distribution diminished sensation. MRI demonstrates 6 mm disc protrusion at C5/6 with cord encroachment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy at C5-6 & artificial disc replacement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

**Decision rationale:** The submitted clinicals do not support medical necessity for cervical fusion. There is no independent MRI report with demonstration of neural compression of neural structures on MRI of the cervical spine correlating with physical examination. There is no attached physical therapy reports demonstrating failure of non-surgical management. No evidence of cervical myelopathy. The determination therefore is for non-certification..

**Pre-op medical clearance:** 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.

**Post-op physical therapy two (2) times a week for six (6) weeks:** 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.