

<b>Case Number:</b>	CM13-0038213		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/14/2010
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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:

The patient is a 33-year-old male who reported injury on 07/14/2010. The mechanism of injury was not provided. The patient was noted to have an MRI of the cervical spine on 06/12/2013, which revealed the patient had mild left foraminal stenosis at C5-6 and moderately severe left-sided foraminal narrowing noted secondary to uncinate spondylosis at C6-7. Compression of the exiting left C7 nerve root was possible and clinical correlation was noted to be helpful. The patient was noted to have diffuse tenderness to palpation of the mid cervical spine with pain upon extension greater than 20 degrees, and upper extremity strength was 5/5. The patient was noted to have failed all nonsurgical therapy. The diagnosis was noted to be cervical disc degeneration and cervical spondylosis. The request was made for a C5-6, C6-7 anterior discectomy and fusion, an inpatient stay x1 day, an assistant surgeon, an Aspen Vista cervical brace, and an external bone growth stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6, C6-7 anterior cervical discectomy fusion with instrumentation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-181. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back Chapter, section on Discectomy, Fusion

**Decision rationale:** ACOEM Guidelines indicate that a surgical consult is appropriate for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month, or extreme progression of symptoms with clear and clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and long term, and unresolved radicular symptoms after receiving conservative treatment. It further indicates that cervical nerve root decompression may be accomplished in 1 of 2 major ways, including a cervical laminectomy and disc excision with nerve root decompression. As there were no clinical indications for surgery in the ACOEM Guidelines, secondary guidelines were sought. Official Disability Guidelines indicate that a discectomy is recommended as an option, if there is a radiographically-demonstrated abnormality to support clinical findings consistent with 1 of the following, which includes evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level and the presence of a positive Spurling's test. There should be evidence of a motor deficit or reflex changes or positive EMG findings that correlate with a cervical level, etiologies of pain such as metabolic sources have been ruled out, and the patient must have evidence of a trial and failure of at least 6 weeks to 8 weeks of conservative care. The clinical documentation submitted for review indicated the patient had failure of conservative care, and the patient had complaints of neck pain and bilateral hand numbness. However, there was a lack of documentation of objective radicular findings in the nerve root distributions in imaging findings as there was noted to be mild left foraminal stenosis at the level of C5-C6 and as such, there was a lack of documentation of moderate or greater foraminal stenosis at C5-6 to support the request. Given the above, the request for C5-6, C6-7 anterior cervical discectomy fusion with instrumentation is not medically necessary and appropriate.

**Inpatient hospital stay 1 day:** 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.

**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.

**Aspen Vista Cervical Brace:** 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.

**External bone growth stimulator:** 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.