

<b>Case Number:</b>	CM13-0041757		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/07/2013
<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 Orthopedic Surgery and is licensed to practice in New York. 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 27-year-old male who sustained a work related injury involving his neck and shoulder on April 10, 2012. The injury occurred when the door struck him on the top of the head. MRI of the cervical spine from February 2013 revealed no significant change from her previous MRI in May 2012 and a small 3 millimeter left-sided disc protrusion at the 3-4 cervical level. There is no documented severe nerve root compression at any level the cervical spine. There is no documented instability. An X-ray of the cervical spine showed no subluxation and straightening of the normal cervical lordosis was present. Patient complains of neck pain radiating to the bilateral arms and head. Medications include Norco, ibuprofen, linear, Cymbalta, tramadol, and other medications. Previous treatments included NSAID's, muscle relaxants, physical therapy, massage therapy, right transforaminal epidural steroid injection (ESI) at C3-4 level without significant improvement. The patient had an EMG/NCS performed on May 15, 2012 which was normal and did not demonstrate any evidence of cervical radiculopathy. The patient had a CT scan of the cervical spine in April 2013 that did not demonstrate any evidence of fracture or subluxation. Physical examination reveals diminished range of cervical motion with a positive Spurling sign. The patient had tenderness throughout the upper cervical and thoracic region. The patient is obese. Neurologic exam showed decreased grip strength in the bilateral upper extremities right greater than left. Decreased pin sensation in the right upper extremity in the C4 dermatome. Patient had normal gait and coordination. At issue is whether cervical surgery is necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy with fusion at C3-C4 with one day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This patient does not meet established criteria for cervical spine surgery. Specifically, the patient does not have imaging studies that show significant compression of the cervical nerve root. In addition, the physical exam does not document a specific cervical radiculopathy that is correlated with a cervical imaging study showing compression of the specific nerve root. The patient also does not have any evidence of documented instability the cervical spine. The patient does not have any evidence of significant neurologic deficit. The medical records do not include any evidence of red flags findings for cervical surgery such as concern for fracture or tumor. Imaging studies do not show any evidence of fracture or tumor. Guidelines for cervical surgery are not met at this time.