

<b>Case Number:</b>	CM13-0047077		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 51-year-old male who reported injury on 10/26/2011. The mechanism of injury was stated to be a fall at work. The patient was noted to have an MRI on 07/24/2013 which revealed mild central canal stenosis at C4-C7. The patient was noted to have complaints of severe pain in the neck radiating down to both arms, more on the left than the right, particularly to the thumb and the first 3 digits of the hand. The patient was noted to have tried some conservative therapy and multiple injections. Physical examination revealed 4/5 weakness in the left hand grip and biceps and 4/5 weakness for the bilateral deltoids. The remaining muscle groups were noted to have 5/5 in the upper extremities with no atrophy noted. Neurologically, the patient was noted to be significant for numbness and tingling radiating down to both arms, more so on the left than the right. The physician opined that the patient had primarily 3 level disease at C4-C7 with moderate central canal stenosis and significant neural foraminal narrowing. The patient's diagnoses were noted to include cervical stenosis, cervical HNP, and cervical radiculopathy. The request was made for a C4-7 anterior cervical discectomy and fusion and anterior cervical instrumentation, an assistant surgeon, a 1 day inpatient stay, a cervical collar, an external bone growth stimulator, and 18 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C7 anterior cervical discectomy and fusion and anterior cervical instrumentation (ACI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) discectomy/laminectomy/laminoplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Fusion.

**Decision rationale:** ACOEM guidelines address laminectomies and disk excision to indicate they are for nerve root decompression, especially for posterolateral or lateral disk ruptures or foraminal osteophytes and indicate that anterior disc excision is performed more often, especially for central herniations or osteophytes. The indications include patients who have "persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term and have unresolved radicular symptoms after receiving conservative treatment." The clinical documentation submitted for review indicated that the patient had severe pain radiating down into both arms, more so on the left than the right, particularly the thumb and first 3 digits of the left hand; however, there is lack of documentation of subjective radicular findings in each of the nerve root distributions including pain, numbness or tingling. The patient was noted to have conservative treatment; however, there was a lack of documentation of the dates of service, efficacy and duration of the physical therapy. Additionally, while the physician indicated that the patient had moderate central stenosis and significant neural foraminal narrowing at C4-7, the MRI that was provided for review indicated the patient had mild central spinal stenosis with no significant narrowing of the right neural foramen at C4-5, with moderate neural foraminal narrowing at C5-6 and no significant neural foraminal narrowing at C6-7. As such, the request for a C4-7 anterior cervical discectomy would not be supported. Official Disability Guidelines recommend an anterior cervical fusion as an option in combination with an anterior cervical discectomy for approved indications although there was noted to be current evidence that was conflicting about the benefit of a fusion in general. As the clinical documentation did not support the request for cervical discectomy, the fusion would not be supported. Given the above, the request for C4-7 anterior cervical discectomy and fusion and anterior cervical instrumentation is not 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.

**One day inpatient 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.

**Cervical collar:** 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.

**Eighteen post-op physical therapy sessions, 3 times a week for 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.