

<b>Case Number:</b>	CM13-0048537		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/01/2003
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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:

██████████ suffered a vocational related injury on 07/01/13. The request was to determine the medical necessity of single anterior cervical discectomy and fusion at C6-7 as requested by the attending provider, ██████████. The records reflect that ██████████ complains of a preponderance of axial pain, although she reportedly complained of pain radiating into the extremities. She has complaints of intermittent paresthesias and weakness. The overwhelming majority of the records documented no distinct neurologic deficit. In fact, the most recent records from November, 2013 by her pain management physician documented a normal physical examination. That said, ██████████ pointed out that the claimant's examination, in his opinion, revealed evidence of a Hoffman's sign that suggested the possibility of a myelopathy. Imaging studies revealed relatively benign changes over the course of time, although the most recent MRI scan from 2012 described some progression of the neuroforaminal stenosis at the C3-4 and C6-7 levels.

### 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 with plating at C6-C7, QTY: 1.00:** Upheld

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

**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) Chapter neck and upper back: cervical fusion; Neck and Upper Back Complaints

**Decision rationale:** The California MTUS ACOEM Guidelines supported by the Official Disability Guidelines recommend that cervical fusion could be considered a reasonable option for patients who have failed reasonable forms of conservative care who have a constellation of clinical complaints that are consistent with a diagnosis of radiculopathy and for whom there are supporting findings on exam and imaging. The medical records in this particular case note that this patient has a long history of treatment for a variety of industrial injuries. The records note that she has been seen by an AE physician who strongly advised against surgery. The records do not conclusively identify distinct nerve root compression at C6-7 that fits the patient's clinical picture, complaints or supported by objective findings on physical examination. Furthermore, the patient has a long history of narcotic use and preponderance of axial neck pain. In consideration of the evidence based ACOEM Guidelines, as well as the Official Disability Guidelines, this patient does not, in this reviewer's opinion, meet the medical necessity treatment guidelines, and as such, the request would not be considered reasonably and medically necessary in this case. Of note, there is no denying that progressive myelopathy is an indication for surgical intervention. That said, the records do not conclusively or consistently demonstrate evidence of myelopathy in this particular case. With that said, the information provided does not support the medical necessity of the requested procedure as outlined above. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.