

<b>Case Number:</b>	CM13-0050154		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/02/1995
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 60-year-old female who reported an injury on 11/2/95; she suffered a significant fall that caused injury to the low back, right wrist, and forearm. The patient also had cervical spine injuries secondary to cumulative trauma while performing normal job duties. The patient's prior treatments included medications, physical therapy, chiropractic care, and trigger point injections. She underwent an MRI of the cervical spine in February 2013 that revealed a disc protrusion at the C3-4 and C6-7 levels with multilevel degenerative disc disease. The patient's most recent clinical examination findings revealed significantly limited range of motion restrictions of the cervical spine secondary to pain, no localized sensory deficits in either upper extremity, and no motor strength deficits. It was noted that the patient had mildly generalized weakness of the right upper extremity with hand grip. The patient's diagnoses included cervical spondylosis, multilevel, most severe at C5-6 and C6-7 with moderate involvement of the C4-5, and lesser involvement at the C3-4 and C2-3. The patient's treatment recommendation included anterior discectomy and cervical fusion with iliac aspiration, bone graft, and insertion of cage at C5-6 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for anterior discectomy and fusion with iliac aspiration, bone graft, and insertion of cage at C5-6 and C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179;. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines recommend discectomy and fusion for the cervical spine when there is evidence of motor deficits or reflex changes, when there is a positive EMG study that correlates with the cervical level, and when there are abnormal imaging findings that correlate with nerve root involvement. The clinical documentation submitted for review does not provide any specific motor deficits or reflex changes to support radiculopathy. Additionally, there are no focal deficits to support a specific cervical level. Although the imaging study does provide abnormal imaging, there are no physical findings to support significant abnormalities that would support this type of surgery. As such, the requested anterior discectomy and fusion with iliac aspiration, bone graft, and insertion of cage at C5-6 and C6-7 is not medically necessary or appropriate.