

<b>Case Number:</b>	CM13-0055696		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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, has a subspecialty in Spine Surgery and is licensed to practice in Texas and California. He/she has been in active clinical practice for more than five years and is currently working least at 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 43-year-old female who reported an injury on 12/10/2008. The patient was reportedly injured when she was struck by a falling object on her neck and right shoulder. The patient is currently diagnosed with cervical stenosis at C5-6 with spinal cord compression. The patient was seen by [REDACTED] on 10/22/2013. The patient reported ongoing neck and right upper extremity pain. Physical examination revealed normal range of motion without tenderness to palpation of the cervical spine, 5/5 motor strength in bilateral upper extremities with normal range of motion, and intact sensation. Treatment recommendations included an anterior cervical decompression and fusion at C5-6.

### 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 using bone bank bone and plate fixation at C5-6:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence indicating a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state there must be evidence of radicular pain and sensory symptoms in a cervical distribution as well as evidence of motor deficit or reflex changes. As per the documentation submitted, the patient's physical examination revealed normal cervical range of motion without tenderness, 5/5 motor strength in bilateral upper extremities, intact sensation, and symmetrical reflexes. There were no electrodiagnostic reports submitted for review. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request for anterior cervical discectomy and fusion using bone bank bone and plate fixation at C5-6 is non-certified.