

<b>Case Number:</b>	CM13-0059466		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 claimant is a 56-year-old female who was injured in a work related accident 09/02/11. Specific to the claimant's cervical spine, the records provided for review documented continued complaints of pain. A recent 09/04/13 MRI report showed degenerative change with neuroforaminal narrowing from C4-5 through C6-7, most prominent at the C4-5 level on the left. Electrodiagnostic studies of 08/28/13 were negative for a specific radicular process. Physical examination findings from an assessment on 10/10/13 documented weakness and numbness to the right upper extremity with positive Spurling's test and dysesthesias in a C5 and C6 dermatome on the right. The claimant was documented to have continued complaints of cervical pain and chronic headaches. Based on failed conservative care, a two level C4-5 and C5-6 anterior cervical discectomy and fusion with implementation of hardware was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-5, Possible C5-6 Anterior Cervical Discectomy with Implantation of Hardware:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Fusion, anterior cervical

**Decision rationale:** Based on California ACOEM 2004 Guidelines and supported by Official Disability Guidelines, the request for C4-5, Possible C5-6 Anterior Cervical Discectomy with Implantation of Hardware cannot be recommended as medically necessary. First and foremost, the claimant's current physical examination findings do not correlate with clinical imaging as well as electrodiagnostic studies and do not identify a true radicular process at the C4-5 and C5-6 levels to necessitate the role of operative intervention. The claimant's electrodiagnostic studies were absent of any degree of cervical radiculopathy with no documentation of correlation between exam findings and the requested level of surgical process. Based on the above, the role of the intervention based on the claimant's current clinical presentation would not be indicated.