

<b>Case Number:</b>	CM13-0067044		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 31-year-old, gentleman who was injured 05/30/12 sustaining an injury to the cervical spine. The clinical records reviewed include plain film radiographs that showed disc osteophyte complex at the C6-7 level and an MRI report from 07/06/12 which confirmed disc osteophyte complex at the C6-7 level with broad based protrusion and no definitive cord compression. There was also noted to be mild degenerative changes at C3-4 and C5-6. An 11/20/13 follow up report indicated continued low back as well as neck pain specific to the neck. There was radiating pain to the bilateral upper extremities with examination showing full cervical range of motion with no tenderness to palpation, diminished sensation in a right C7 dermatomal distribution with equal and symmetrical reflexes. There was no documentation of sensory deficit. Reviewed at that time was the claimant's prior MRI scan and based on failed conservative care at one level C6-7 anterior cervical discectomy and fusion was recommended for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT TWO DAY C6-C7 ANTERIOR CERVICAL DISCECTOMY & FUSION:**  
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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Procedure, Fusion, Anterior Cervical.

**Decision rationale:** Based on California ACOEM Guidelines, the acute need for surgery in the form of a C6-7 anterior cervical discectomy and fusion cannot be supported. The claimant's imaging from 2012 fails to demonstrate compressive findings to correlate with examination to indicate need for surgery. Lack of definitive correlation between examination and imaging in this individual would fail to support the acute need of an anterior cervical discectomy and fusion or a two day inpatient length of stay.