

<b>Case Number:</b>	CM14-0001645		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/01/2000
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Surgeon, has a subspecialty in Spine 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 injured worker is a 53-year-old female who reported an injury on 04/01/2000. The mechanism of injury was not provided for review. The injured worker ultimately underwent C5-6 fusion followed by epidural steroid injections. The injured worker underwent an MRI of the cervical spine in 09/2013. It was documented that there was evidence of fusion at the C3-4, C4-5, and C5-6 levels. There was a disc desiccation at the C6-7 and C7-T1 levels. The injured worker was evaluated on 12/05/2013. It was documented that the injured worker had continued and constant neck pain. Physical findings included restricted range of motion secondary to pain and tenderness to palpation of the paraspinal musculature. There was decreased motor strength in the C6-7 myotome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR CERVICAL DISCECTOMY, PARTIAL CORPECTOMY, AND FUSION AT C6-7 AND C7-T1 WITH INTERBODY CAGES AND POSSIBLE PLATING PLUS OF AUTOLOGOUS ILIAC CREST GRAFT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Guidelines, Chapter 8, Neck and Upper Back Complaints, , 183

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

**Decision rationale:** The clinical documentation submitted for review does provide evidence that the injured worker has radicular findings in the C6-7 distribution; however, the ACOEM Guidelines recommends cervical spinal fusion when there is documentation of instability. The clinical documentation submitted for review does not clearly identify instability. Additionally, the submitted documentation does not provide any clinical findings correlative with the C7-T1 distribution. The clinical documentation does indicate that the injured worker has multiple level fusion above the requested C6-7 level. Surgical intervention to the C6-7 would cause structural instability. Therefore, fusion at this level would be indicated; however, there is no clinical support for surgical intervention at the C7-T1 level. Therefore, the requested surgery would not be supported, and the requested anterior cervical discectomy, partial corpectomy, and fusion at the C6-7 and C7-T1 with interbody cages and possible plating plus of autologous iliac crest graft is not medically necessary or appropriate.

**PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**MIAMI J COLLAR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**3 DAY INPATIENT STAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

