

<b>Case Number:</b>	CM14-0003398		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 61-year-old female who reported an injury on 04/11/2011 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included activity modification, physical therapy, and cervical epidural steroid injection. The injured worker was evaluated on 10/28/2013. It was noted that the injured worker had cervical spine pain that remained unchanged with a positive axial loading compression test and positive Spurling's maneuver with painful restricted range of motion. The injured worker's diagnoses included cervical discopathy, lumbar discopathy, left shoulder impingement syndrome, and incidental finding of bilateral carpal tunnel syndrome per EMG study. A request was made for anterior cervical microdiscectomy with hardware implantation from C4-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **C4 TO T1, POSSIBLE C3-4 ANTERIOR CERVICAL DISCECTOMY WITH IMPLANTATION OF HARDWARE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for the cervical spine when there are neurological deficits upon physical examination that correlate with the requested dermatomal path distributions and supported by an imaging study that had been recalcitrant to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker has had persistent cervical spine pain that has not responded to multiple conservative treatment modalities; however, the clinical documentation fails to provide an independent interpretation of the injured worker's most recent cervical MRI. Additionally, the clinical documentation submitted for review did not provide any neurological deficits correlating with the requested dermatomal distributions. As such, the requested C4-T1 possible C3-4 anterior cervical dyscectomy with implantation of hardware is not medically necessary or appropriate.

**2-3 DAY HOSPITAL STAY (1X3): 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.

**CERVICAL 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.

**MINERVA MINI 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.

**MIAMI J COLLAR WITH THORACIC EXTENSION: 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.

**BONE STIMULATOR (RENTAL OR PURCHASE):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Neck and Upper Back Procedure Summary.

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

**MEDICAL CLEARANCE WITH AN INTERNIST:** 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.

**ASSISTANT CO SURGEON:** 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.