

<b>Case Number:</b>	CM14-0100144		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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, 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:

According to the records made available for review, this is a 51-year-old male with a 9/1/11 date of injury. At the time (5/29/14) of Decision for C4 to C7 Anterior Cervical Microdiscectomy with Implantation of Hardware Possible Reduction of listhesis, Minerva Mini Collar #1 Purchase, Miami J Collar with Thoracic Extension #1 Purchase, Bone Stimulator Purchase, Medical Clearance Internist, and 2-3 Day Hospital Stay, there is documentation of subjective (neck pain that radiates to the bilateral upper extremities to the level of shoulder, elbow, wrist, hand and fingers with associated weakness, numbness and tingling in the upper extremities) and objective (tenderness to palpitation over the cervical paravertebral muscles and upper Trapezial muscles with spasm, positive Axial loading compression test and Spurling's maneuver, restricted range of motion of the cervical spine, and dysesthesia at the C5-C7 dermatomes) findings, imaging findings (Reported MRI of Cervical spine (1/15/14) revealed reversal of cervical lordosis, which may be associated with spasm; levoscoliosis; C2-C3 2mm posterior disc protrusion with nerve root compromise on the right; C5-C6 3mm posterior disc protrusion with bilateral nerve root compromise and 2-3mm anterior disc protrusion; and C6-C7 3-4mm posterior disc protrusion with bilateral nerve root compromise and 2-3mm anterior disc protrusion; report not available for review), current diagnoses (cervical radiculopathy, cervical facet arthropathy, and double crush syndrome), and treatment to date (activity modifications, physical therapy, cervical epidural steroid injection, and medications). Regarding C4 to C7 Anterior Cervical Microdiscectomy with Implantation of Hardware Possible Reduction of listhesis, there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal, lateral recess, or neural foraminal stenosis).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4 to C7 Anterior Cervical Microdiscectomy with Implantation of Hardware Possible Reduction of listhesis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical facet arthropathy, and double crush syndrome. In addition, given documentation of subjective (neck pain that radiates to the bilateral upper extremities to the level of shoulder, elbow, wrist, hand and fingers with associated weakness, numbness and tingling in the upper extremities) and objective (dysesthesia at the C5-C7 dermatomes) findings, there is documentation of subjective and objective findings which confirms radiculopathy. Furthermore, there is documentation of failure of conservative treatment (medications, activity limitations, and physical modalities). However, despite documentation of medical reports' reported imaging findings (MRI of Cervical spine identifying reversal of cervical lordosis, which may be associated with spasm; levoscoliosis; C2-C3 2mm posterior disc protrusion with nerve root compromise on the right; C5-C6 3mm posterior disc protrusion with bilateral nerve root compromise and 2-3mm anterior disc protrusion; and C6-C7 3-4mm posterior disc protrusion with bilateral nerve root compromise and 2-3mm anterior disc protrusion), there is no documentation of an imaging report with findings (nerve root compression OR moderate or greater central canal, lateral recess, or neural foraminal stenosis). Therefore, based on guidelines and a review of the evidence, the request for C4 to C7 Anterior Cervical Microdiscectomy with Implantation of Hardware Possible Reduction of listhesis is not medically necessary.

**Minerva Mini Collar #1 Purchase: 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:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Minerva Mini Collar #1 Purchase is not medically necessary.

**Miami J Collar with Thoracic Extension #1 Purchase: 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:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Miami J Collar with Thoracic Extension #1 Purchase is not medically necessary.

**Bone Stimulator Purchase: 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:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Bone Stimulator Purchase is not medically necessary.

**Medical Clearance 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:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Medical Clearance Internist is not medically necessary.

**2-3 Day Hospital 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:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 2-3 Day Hospital Stay is not medically necessary.