

<b>Case Number:</b>	CM14-0106982		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/21/2002
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Texas. 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 57-year-old female who reported an injury on 01/21/2002 after she was injured during a training exercise. The injured worker reportedly sustained an injury to her neck and shoulder. The injured worker ultimately underwent cervical fusion at the C6-7 in 2002. The injured worker's treatment history included physical therapy and traction. The injured worker underwent an x-ray series of the cervical spine on 03/21/2014 that documented no instability of the cervical spine. The injured worker was evaluated on 03/24/2014. It was documented that the injured worker had a gradual reoccurrence of cervical spine pain within the last 2 years. It was noted that the injured worker had undergone an MRI in 06/2013 that documented a disc bulge at the C4-5 and C5-6 causing foraminal stenosis. However, an official report of this MRI was not provided for review. Physical findings included decreased biceps reflexes bilaterally and decreased brachioradialis reflexes bilaterally. This was the most recent documentation submitted for review. A request was made for a C4 through C6 anterior cervical discectomy and fusion. However, no justification was provided for the request. Additionally, no Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-6 Anterior Cervical Discectomy and Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter (Criteria for Cervical Fusion)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

**Decision rationale:** The requested C4-6 Anterior Cervical Discectomy and Fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend cervical fusion unless there is evidence of instability that would benefit from hardware stabilization. The clinical documentation submitted for review does indicate that the injured worker recently underwent an x-ray series in 03/2014 that documented there was no evidence of instability that would require fusion surgery. Additionally, a recent evaluation of the patient supporting severe neurological deficits was not provided. As such, the requested C4-6 Anterior Cervical Discectomy and Fusion is not medically necessary or appropriate.