

<b>Case Number:</b>	CM14-0012091		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 and is licensed to practice in New York. 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 patient is a 62-year-old male who has chronic neck and arm pain. He's tried conservative management to include physical therapy. He continues to have sharp pain in his neck with headaches and spasms. He's had traction TENS unit and heating pads without success. MRI the cervical spine shows degenerative disc condition at C4-5 C5-6. C4-5 has moderate stenosis. Was cord signal change noted at C4 through C6. . On physical examination the patient has normal sensation and normal reflexes .Left opponens is 4+ over 5. Hoffman sign is negative. He has been treated with physical therapy and medications. At issue is whether cervical surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **C5-C6 ANTERIOR CERVICAL DECOMPRESSION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS page 179

**Decision rationale:** The patient does not meet establish criteria for cervical surgery. Specifically, the patient does not have neurologic deficit on physical examination that clearly correlate with neural compression on imaging studies. In addition the patient is not frankly myelopathic. There is no evidence of significant myelopathy on physical examination. The patient does have some spinal stenosis on MRI imaging but there is no clinical correlation showing that the spinal stenosis is causing myelopathy or profound radiculopathy. In addition there is no evidence of cervical instability. Criteria for cervical spine surgery not met.

**C5-C6 FUSION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS page 179

**Decision rationale:** The patient does not meet establish criteria for cervical surgery. Specifically, the patient does not have neurologic deficit on physical examination that clearly correlates with neural compression on imaging studies. In addition the patient is not frankly myelopathic. There is no evidence of significant myelopathy on physical examination. The patient does have some spinal stenosis on MRI imaging but there is no clinical correlation showing that the spinal stenosis is causing myelopathy or profound radiculopathy. In addition there is no evidence of cervical instability. Criteria for cervical spine surgery not met. In addition, there is no evidence of instability fracture or tumor. Fusion is not medically necessary.

**PLATE FIXATION:** 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.

**ALLOGRAFT:** 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.

**SYNTHETIC CAGE(S) METHYLMETHACRYLATE TO VERTEBRAL DEFECT OR INTERSPACE: 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.

**C3-C6 ARTHRODESIS ANTERIOR INTERBODY (#2): 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.

**SYNTHETIC CAGE(S), METHYLMETHACRYLATE TO VERTEBRAL DEFECT OR INTERSPACE: 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.

**ALLOGRAFT, STRUCTURAL FOR SPINE SURGERY ONLY,: 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.

**ALLOGRAFT, MORSELIZED OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL FOR SPINE SURGERY ONLY,: 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.

**APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE (#3): 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.