

<b>Case Number:</b>	CM14-0012754		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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:

Patient is a 56-year-old woman with a date of injury of July 7, 2011 when a large door fell and hit her in the head. She continues to have chronic neck pain and arm pain. MRI the cervical spine shows foraminal stenosis at C5-6 C6-7. Physical examination shows cervical flexion extension normal at 70°. Spurling's test was positive. Sensation is diminished in C5-6 and C6-7 dermatomes. Patient had cervical Epidural Steroid Injection which made her neck pain worse. Patient also had right rotator cuff surgery. At issue is whether two-level cervical discectomy and fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ANTERIOR CERVICAL DECOMPRESSION AND FUSION AT THE C5-C6, C6-C7 LEVELS WITH INSTRUMENTATION AND BONE GRAFT: Upheld**

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

**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 180.

**Decision rationale:** This patient has chronic axial neck pain and multiple levels of cervical disk degeneration on Magnetic Resonance Imaging (MRI). There is MRI evidence of moderate central stenosis at c5-6 and c6-7. There is foraminal narrowing at multiple levels to include c3-4. There is no documented instability. There is no examination documented finding of myelopathy and no clearly documented cervical radiculopathy on examination that is correlated with the cervical mri findings. There is no specific neurologic compression on the MRI that has physical examination documentation of radiculopathy. Fusion and decompression surgery for disc degeneration for axial neck pain without defined radiculopathy or myelopathy and that is not substantiated with MRI imaging of neural compression is not likely to relief symptoms in cases of multiple levels of cervical degeneration. California Medical Treatment Utilization Schedule (MTUS) criteria for neck decompression and fusion are not met.

**ASSISTANT SURGEON:** Upheld

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

**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 180.

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

**INPATIENT LENGTH OF STAY ONE (1) NIGHT:** Upheld

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

**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 180.

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