

<b>Case Number:</b>	CM14-0013395		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

The patient is a 49-year-old female with a date of injury of January 26, 2011. The patient has chronic low back pain and chronic neck pain. Her symptoms are aggravated by physical activity. The physical exam reveals limited cervical and lumbar range of motion. Upper extremity neurologic examination is normal. Her diagnosis is chronic degenerative disc condition the cervical thoracic or lumbar spine. An MRI from August 2012 shows C3-4 disc bulge, mild narrowing at the right C4-5 neural foramen, and C5-C6 annular tear. There is no significant spinal stenosis present. At issue is whether anterior cervical discectomy and fusion surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INPATIENT ANTERIOR CERVICAL DISCECTOMY AND FUSION AT C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** This patient has chronic axial neck pain and multiple levels of cervical disk degeneration on MRI imaging. There is MRI evidence of moderate central stenosis at C5-C6 and

C6-C7. There is foraminal narrowing at multiple levels. 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. The MTUS criteria for neck decompression and fusion are not met. Therefore the request is not medically necessary.

**PURCHASE OF BONE STIMULATOR: 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.

**PURCHASE OF ASPEN HARD 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.

**PURCHASE OF CERVICAL SOFT 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.

**PURCHASE OF CERVICAL SHOWER 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.

**INPATIENT LENGTH OF STAY (LOS) FOR ONE (1) DAY:** 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.