

<b>Case Number:</b>	CM14-0015507		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 66 year old male who reported an injury to his cervical region. The clinical note dated 07/28/13 indicates the injured worker stated he is experiencing severe neck pain primarily on the left. Radiating pain was identified into the left shoulder as well as the low back. The note indicates the injured worker having undergone physical therapy 3 times a week; however, the injured worker stated that therapy was providing no significant benefit. The clinical note dated 09/25/13 indicates the injured worker complains of radiating pain to both sides of the neck and upper back. Numbness and tingling are identified at the back of the neck. The injured worker was able to demonstrate 4/5 strength at the deltoids, biceps and rotators on the left. The note does offer a description of the injured worker's initial injury of 07/28/13. The injured worker stated that he had been pulling down a rack of glasses from a shelf above his head when the rack came down towards him and he experienced a strain of the neck and injury to the left shoulder. The MRI of the cervical spine dated 10/04/13 revealed decrease in disc height C5-6. A 3 mm posterior disc protrusion was identified with an annular tear. No compromise of the cord was identified. Encroachment of the left foramen with compromise of the exiting left nerve root was identified. A decrease in disc height was also identified at C6-7. No cord compromise was identified. An acquired left foraminal stenosis with compromise of the exiting left nerve root was revealed. The clinical note dated 10/18/13 indicates the injured worker utilizing Naprosyn and Tramadol. The electrodiagnostic studies completed on 10/18/13 revealed abnormally prolonged peak latency sensory nerve action potentials of the bilateral median nerves, left greater than right. Findings were consistent with moderate bilateral carpal tunnel syndrome, left greater than right. The clinical note dated 11/06/13 indicates the injured worker continuing with 7-8/10 pain in the neck. The note does indicate the injured worker continues with physical therapy. No range of motion deficits are identified in the cervical

region. The clinical note dated 01/15/14 indicates the injured worker complaining of neck pain with radiating pain to the left arm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT ANTERIOR CERVICAL DISCECTOMY AND FUSION AT C5-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The request for left sided anterior cervical discectomy and fusion at C5-7 is not medically necessary. The documentation indicates the injured worker complaining of cervical region pain. An anterior cervical discectomy and fusion is indicated provided the injured worker meets specific criteria to include completion of all conservative treatment and significant symptoms are identified by clinical exam. There is an indication the injured worker has undergone a significant number of physical therapy sessions; however, no information was submitted regarding the injured worker's completion of any injection therapy. Additionally, no information was submitted regarding the injured worker's strength, reflexes or sensation deficits identified by exam. No significant provocative findings were identified in the submitted documentation. Given these factors, this request is not indicated as medically necessary.