

<b>Case Number:</b>	CM14-0018050		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/25/1999
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 California. 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:

This is a 48-year-old female injured on 6/14/99. Specific to the claimant's neck, the records include a recent progress report dated 1/2/14 indicating ongoing chronic neck complaints with radiating upper extremity (left greater than right) symptoms. The examination demonstrated restricted range of motion at end points with right bicipital and wrist flexion weakness at 4+/5. The remainder of the upper extremity motor testing was full. There was a negative Spurling test. There was no documentation of sensory or reflexive change. The previous imaging reviewed was an MRI dated 12/11/13 showing Grade I anterolisthesis at the C4-5 level with mild spinal canal stenosis at C5-6 with facet changes and foraminal narrowing. The C6-7 level is also with a small disc protrusion. Based on the claimant's failed conservative care, physical findings, and continued complaints, a two-level anterior cervical discectomy and fusion was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C6 ACDF/ACI, CERVICAL SURGERY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** Based on California ACOEM Guidelines, the role of a two-level anterior cervical discectomy and fusion at the C4 through C6 level would not be indicated. While this individual is with chronic complaints, there is currently no clinical correlation between physical examination findings and the two requested levels of surgery. While the claimant is noted to be with bicipital weakness, there is no clinical correlation between the C4-5 level and a radicular process to support the role of the procedure. The specific request would not be indicated for the two cervical levels.

**CERVICAL 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.

**BONE GROWTH 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.

**POST OPERATIVE PHYSICAL THERAPY 3 TIMES 6:** 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.