

<b>Case Number:</b>	CM14-0116135		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/13/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 injured worker is a 60-year-old male with a date of injury of February 13, 2000. The patient has chronic neck pain. The patient has a cervical MRI that shows multilevel degenerative spondylitis changes and spinal stenosis. The symptoms including pain radiating to the right arm and neck pain or incapacitating. On physical examination Romberg sign is normal deep tendon reflexes are normal and Hoffman sign is not present. The motor examination shows no abnormalities in the bilateral upper extremities. The cervical MRI from April 2014 shows multilevel disc degeneration. At C3-4 there is borderline canal stenosis. At C5-6 there is borderline canal stenosis. At C6-7 there is borderline central stenosis with foraminal narrowing. The patient has had previous radiofrequency ablation. At issue is whether cervical fusion surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy and fusion C3-4, C5-6, C6-7 with spacer:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation [odgtwc.com/odgtwc/neck.htm](http://odgtwc.com/odgtwc/neck.htm).

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

**Decision rationale:** This patient does not meet establish criteria for multilevel decompression and fusion anterior cervical surgery. Specifically the physical examination does not document radiculopathy or myelopathy. There is no correlation between physical examination imaging study showing specific compression of nerve roots or spinal cord. There are no red flag indicators for spinal fusion surgery such as fracture, tumor, or instability. Multilevel cervical fusion surgery is not medically necessary. Criteria for multilevel fusion surgery are not met. Therefore the request is not medically necessary.

**Allograft and plating:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation [odgtwc.com/odgtwc/neck.htm](http://odgtwc.com/odgtwc/neck.htm).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.

**External bone growth stimulator:** Upheld

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

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

**Decision rationale:** Since surgery is not medically necessary, then all other associated items are not needed.