

<b>Case Number:</b>	CM14-0121875		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Spine 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 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 36-year-old male who reported an injury on 03/04/2013 after another injured worker fell into him which caused him to hurt himself. The injured worker reportedly sustained an injury to his cervical spine, shoulder, and leg. The injured worker's diagnoses included cervical spondylosis. The injured worker underwent an MRI on 03/20/2013. It was noted that the injured worker had a disc bulge at the C4-5, a disc bulge at the C3-4, and a disc bulge causing the spinal canal stenosis at the C5-6. It was noted that there was a disc bulge at C7-T1. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, and medications. The injured worker was evaluated on 06/19/2014. It was documented that the injured worker had cervical spine pain rated at 5/10 without any radiating pain. Physical findings included tenderness to palpation at the left paraspinal musculature with restricted range of motion secondary to pain. The injured worker had 4 out of 5 strength of the left wrist flexor or an otherwise normal exam. The injured worker's treatment plan included physical therapy and an epidural steroid injection. The injured worker was evaluated on 07/15/2014. It was documented that the injured worker had no current medications. It was documented that the injured worker had completed 7 sessions of physical therapy that was not providing significant relief. The injured worker had decreased motor strength and rated at a 4/5 in the left deltoid, left elbow flexor, and left elbow extensor with 4+/5 strength of the left wrist flexor. The injured worker's treatment plan included anterior cervical fusion and decompression at the C5-6. A Request for Authorization to support the request was submitted on 07/16/2014.

### 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 C5-6 with use of operative microscope.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The requested anterior cervical discectomy and fusion at the C5-6 with use of operative microscope is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend fusion surgery in the absence of instability. The clinical documentation does indicate that the injured worker has progressive weakness that may benefit from surgical intervention. However, there is no support for fusion at the C5-6. Additionally, the American College of Occupational and Environmental Medicine recommend a psychological evaluation prior to spinal surgery. The clinical documentation submitted for review does not provide any evidence the injured worker has undergone any type of psychological evaluation. As such, the requested anterior cervical discectomy and fusion at the C5-6 with use of an operative microscope is not medically necessary.