

<b>Case Number:</b>	CM14-0176312		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/06/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Spine Surgeon 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 54-year-old female who reported an injury on 05/01/2013. The mechanism of injury involved cumulative trauma. The current diagnosis is spinal stenosis in the cervical region. The injured worker was evaluated on 09/25/2014. Physical examination revealed limited cervical range of motion with diminished upper extremity reflexes. The injured worker presented with complaints of significant neck and arm pain. It was noted that the injured worker failed extensive nonoperative treatment, and an ACDF at C5-6 and C6-7 was recommended at that time. A Request for Authorization form was then submitted on 09/29/2014. It is noted that the injured worker underwent an MRI of the cervical spine on 09/17/2014, which revealed multilevel cervical degenerative spondylosis, most pronounced at C5-6 and C6-7, which compromises the central elements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical descectomy and fusion C5-6, C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion, anterior cervical.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent and severe shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state an anterior cervical fusion is recommended for spondylotic radiculopathy or nontraumatic instability when there are significant symptoms that correlate with physical examination findings and imaging reports, persistent or progressive radicular pain or weakness, and at least 8 weeks of conservative therapy. As per the documentation submitted, it was noted that the injured worker exhausted conservative treatment. However, the specific type of conservative treatment rendered was not mentioned. There was no documentation of spinal instability upon flexion and extension x-rays. The injured worker's physical examination only reveals limited range of motion with diminished reflexes. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.