

<b>Case Number:</b>	CM14-0186290		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 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:

The injured worker is a 46-year-old male who reported an injury on 04/23/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical stenosis, cervical radiculopathy, and left cervical radiculopathy at C7. The injured worker presented on 10/13/2014 with complaints of persistent neck pain with left upper extremity radiculopathy. Previous conservative treatment is noted to include medication management, transforaminal epidural steroid injection, and physical therapy. The injured worker is currently utilizing Norco 5/325 mg. Physical examination revealed tenderness at the left paracervical region, normal range of motion in all planes, normal muscle tone, 2+ deep tendon reflexes, intact sensation, 5/5 motor strength, and a normal gait. Treatment recommendations at that time included an anterior cervical fusion at C6-7. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Cervical Fusion, C6-7:** Upheld

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

**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, severe, and disabling 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 recommend an anterior cervical fusion for spondylotic radiculopathy if there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness, and at least 8 weeks of conservative treatment. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There were no official imaging studies provided for this review. There was no documentation of instability upon flexion and extension view radiographs. The medical necessity for the request procedure has not been established. As such, the request is not medically appropriate at this time.