

<b>Case Number:</b>	CM14-0021470		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

The patient is a 54-year-old female who sustained an injury to the neck on 05/31/13. The clinical follow up report of 01/31/14 noted continued complaints of neck pain and an inability to work. The report documented that a fusion was recommended. Objectively, there was restricted cervical range of motion, and normal sensory and motor examination. Previous treatment was documented to include physical therapy, chiropractic measures and epidural steroid injections. A prior assessment on 01/13/14 documented equal and symmetrical upper extremity reflexes, normal strength and sensation and a positive left sided Spurling's test. The report of an MRI from October 2013 showed degenerative changes at the C5-6 and C6-7 level, left sided foraminal stenosis at C6-7 and to a lesser degree at C5-6. Based on this individual's failed conservative care, the recommendation was made for a two level anterior cervical discectomy and fusion at C5-6 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ANTERIOR CERVICAL DISCECTOMY/CORPECTOMY AND FUSION WITH INSTRUMENTATION AT LEVELS OF C5-C6 AND C6-C7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Based on California MTUS ACOEM Guidelines, anterior cervical discectomy, corpectomy, and fusion with instrumentation at C5-6 and C6-7 is not recommended as medically necessary. While this individual is noted to have degenerative changes and foraminal stenosis on imaging, there is no indication of positive radicular findings on examination that would support the role of surgery at the C5-6 or C6-7 level. The absence of clinical correlation between objective findings on examination and imaging would fail to support the role of the surgical process as requested.

**1 ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are medically necessary.

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

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are medically necessary.

**4 DAYS OF HOSPITAL STAY:** 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, the associated services are medically necessary.