

<b>Case Number:</b>	CM14-0024359		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 injured worker is a 46-year-old female who reported an injury on 05/27/2011 due to transferring a patient. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, medications, and an epidural steroid injection to the cervical spine. The injured worker was evaluated on 12/13/2013. However, no neurological evaluation was provided. The injured worker's diagnoses included sleep disorder, orthopedic diagnosis and psychiatric diagnosis. A request was made for anterior cervical discectomy and fusion at the C4-5; however, no justification for the request was provided.

### 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 C4-7: 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): 179-181.

**Decision rationale:** The requested anterior cervical discectomy and fusion at C6-7 is not medically necessary or appropriate. The American College of Occupational and Environmental

Medicine recommend fusion surgery for injured workers with significant instability of the cervical spine that would require stabilization. The clinical documentation submitted for review did not provide an imaging study to support that there is any significant instability of the cervical spine that would benefit from spinal stabilization. Additionally, an adequate assessment of the injured worker's cervical spine was not provided in the injured worker's most recent clinical documentation submitted for this review. There was no documentation submitted to support justification of the request. As such, the requested anterior cervical discectomy and fusion C6-7 is not medically necessary or appropriate.

**BONE GRAFT FROM RIGHT TO LEFT ILIUM:** 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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**HYDROCODONE /APAP 5/325 #30:** 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, none of the associated services are medically necessary.