

<b>Case Number:</b>	CM14-0029169		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 New York. 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 woman with a date of injury September 21, 2010. She has chronic neck pain. She underwent C5-6 and C6-7 ACDF in May 2013. She continues to have chronic neck pain. On physical examination she has reduced range of motion of the cervical spine. No other abnormal findings were noted. CT scan from January 2014 does not document pseudarthrosis on the official read. Cervical MRI from February 2014 showed neuroforaminal narrowing at C5-6 and C6-7. At issue is whether C5-C6 posterior fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**outpatient C5-C7 posterior non segmental instrumentation or C5-C7 posterior wiring:**  
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): 186.

**Decision rationale:** The official read of the CAT scan from January 2014 does not document obvious pseudoarthrosis. The patient does not meet establish criteria for posterior fusion surgery because the imaging studies do not document pseudoarthrosis. The official read of the CAT scan

does not mention pseudarthrosis. The official reading the CAT scan does not mention failure fusion. Criteria for revision surgery due to pseudarthrosis are not met in this case. The medical records do not document abnormal motion and they do not clearly document pseudarthrosis of the cervical spine.

**purchase of Aspen collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODg neck pain.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.