

<b>Case Number:</b>	CM14-0030918		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/20/2006
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Neurology 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 53 year old male whose date of injury is 11/20/06, while climbing down a ladder and the ladder started to fall. The injured worker was able to grab the top rack by his right hand to stop the ladder from falling and hold onto the case of pain with his left hand. The injured worker felt immediate pain in his neck and bilateral arm. The injured worker has undergone three surgeries to the cervical spine with posterior decompression at C2-3, C3-4 and C4-5 with posterior fusion at C3-4, discectomy at C4-5, corpectomy at C6 and anterior fusion from C4 to C7, as well as bilateral carpal tunnel release. The injured worker has continued neck pain radiating predominantly to the left upper extremity. CT myelogram was done on 01/10/13, but the post-myelogram CT was not provided. It was noted that he may have a C6-7 pseudoarthrosis. Per office note dated 01/23/14 the injured worker has been seen starting in March 2013 for failed cervical spine problem. The injured worker has been through extensive conservative treatment with therapy, rehabilitation, various injections, and has had no improvement in his axial and radicular problems. Examination is unchanged with some weakness in bilateral upper extremities in triceps at 4+/5 to 5-/5 that seems diminished since last exam. He has radiculopathy primarily in a C7 distribution and cervicothoracic junction region. CT myelogram was reviewed and noted to demonstrate nonunion at C6-7 and severe degenerative disc disease at C7-T1 and bilateral foraminal stenosis at C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANTERIOR DISKECTOMY AND FUSION C5-6, C6-7, INSTRUMENT FUSION FROM C2-T3, 6 DAY INPATIENT LOS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Fusion.

**Decision rationale:** American College of Occupational and Environmental Medicine and Official Disability Guidelines would support the need for repeat fusion where there is objective evidence of pseudoarthrosis/nonunion, which is the case based on reported findings of most recent CTmyelogram in this case. Decompression and fusion may also be indicated at the C7-T1 level where there is significant stenosis at this adjacent segment. However, there is no medical necessity for the extensive surgical procedure from C2-T3. Based on the clinical information provided, medical necessity is not established for anterior diskectomy and fusion C5-6, C6-7, instrument fusion from C2-T3, 6 day inpatient LOS.