

<b>Case Number:</b>	CM14-0035237		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/26/1999
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Neurological 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 71 year-old female who has reported multiple injuries after she fell on August 26, 1999. The most recent progress note, dated January 30, 2014, indicates that there are ongoing complaints of pain. The physical examination demonstrated upper extremity weakness, non-specific paresthasias of both upper extremities, a positive Lhermittea sign and positive Hoffmana sign. Diagnostic imaging studies objectified multiple level degenerative changes and postsurgical changes in the cervical spine, multiple level 3 mm disc bulges, anterior listhesis at C4-C5, spinal canal stenosis and significant osteoarthritis of the facet joints. Previous treatment includes cervical surgery, lumbar pain management, physical therapy and multiple medications. A request had been made for a revision fusion from C3 through T2 and was not certified in the Utilization Review of March 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-T2 revision laminectomy & fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter, Anterior Cervical Discectomy & Fusion (ACDF), Discectomy-laminectomy-Laminoplasty and Fusion, posterior cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180, 183. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Cervical and Thoracic Spine Disorders. Clinical Measures: Surgical Considerations-Spinal Fusion, accessed electronically.

**Decision rationale:** When noting the date of injury, the current physical examination and the lack of any progression in the neurologic findings, there is insufficient clinical data presented to suggest the need to complete a cervical fusion from C3-T2. While noting there are ongoing complaints of pain and marked degenerative changes, there is no competent, objective and independently confirmable medical evidence presented of a verifiable radiculopathy at any level. Therefore, when noting the parameters outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, this is not medically necessary.

**Inpatient x 4 days;:** 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:** When noting that the underlying request for surgery is not medically necessary, this ancillary request is also not medically necessary.

**Pre-op labs:** 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:** When noting that the underlying request for surgery is not medically necessary, this ancillary request is also not medically necessary.

**Pre-op EKG (Electrocardiography):** 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:** When noting that the underlying request for surgery is not medically necessary, this ancillary request is also not medically necessary.