

<b>Case Number:</b>	CM14-0038758		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/16/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 71-year-old female who reported an injury on 01/16/2010. The mechanism of injury was not specifically stated. Current diagnoses include cervical spondylosis, disc bone complexes at C4-7 and cervical spinal canal stenosis at C6-7. The injured worker was evaluated on 03/05/2014 with complaints of cervical spine pain, numbness and paresthesias in the hands and fingers. Physical examination on that date revealed 60 degrees of flexion, 64 degrees of extension, 35 degrees of rotation and bending on the left, 55 degrees of rotation on the right and 37 degrees of bending on the right. The injured worker also demonstrated a positive Hoffmann's sign and 5/5 motor strength with intact sensation. Treatment recommendations at that time included an anterior cervical discectomy and interbody fusion at C4-5, C5-6 and C6-7. It is noted that the injured worker underwent an MRI of the cervical spine on 02/21/2014, which indicated slightly congenital narrowing of the AP dimensions in the central canal from C4-6 and mild to moderate degenerative changes from C4-7 with central canal and neural foraminal narrowing at several levels.

### 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 C4-5, C5-6, C6-7.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.  
Decision based on Non-MTUS Citation Official Disability Guidelines: Fusion, Anterior Cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty and Fusion, anterior cervical.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation is indicated for patients who have persistent, severe and disabling shoulder or arm symptoms; activity limitations for more than 1 month; clear clinical, imaging and electrophysiologic evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state that prior to a discectomy/laminectomy, there must be evidence of radicular pain and sensory symptoms or the presence of a positive Spurling's test; motor deficits, reflex changes or positive EMG findings. Etiologies of pain should be addressed prior to cervical surgical procedures. There should also be evidence of a failure to respond to conservative treatment for 6 to 8 weeks. The criteria for a cervical fusion includes an acute traumatic spinal injury, osteomyelitis, primary or metastatic bone tumor, cervical nerve root compression, spondylotic myelopathy or spondylotic radiculopathy. As per the documentation submitted, the injured worker's physical examination on the requesting date does reveal a positive Hoffmann's sign with limited range of motion. However, there was no documentation of sensory changes or motor deficits. There was also no mention of an exhaustion of conservative treatment. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

**Cervical Aspen Orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Fusion, anterior cervical.

**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.