

<b>Case Number:</b>	CM14-0051995		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Orthopedic Spine Surgeon 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 49-year-old male with a reported date of injury of 09/07/2007. The injured worker reportedly slipped on a piece of cardboard. The current diagnoses include status post cervical and lumbar myofascial strain, right knee injury, status post right medial meniscectomy, right groin injury, status post hernia repair, and cervical disc disease with radiculopathy. The injured worker presented on 08/20/2013 with complaints of persistent pain. Previous conservative treatment includes medication management, physical therapy, and chiropractic treatment. The injured worker also reported numbness and tingling in the bilateral upper extremities along the C7 distribution. The current medication regimen includes Soma, Vicodin, Ultram, and meloxicam. Physical examination of the cervical spine revealed provocative pain with extremes of forward flexion and extension, negative Spurling's maneuver, 20 degree extension, 85 degree left and right lateral rotation, 5/5 motor strength, intact sensation, and normal deep tendon reflexes. X-rays of the cervical spine revealed decreased disc height at C5-6 and C6-7. Treatment recommendations included an anterior cervical discectomy and fusion at C5-6 and C6-7. A Request for Authorization form was submitted on 09/25/2013.

### 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 C5/6/7 with Plating:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**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, Fusion, Anterior Cervical.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation 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 recommend anterior cervical fusion for spondylotic radiculopathy or nontraumatic instability when there are significant symptoms that correlate with physical examination findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. As per the documentation submitted, there was no evidence of spinal instability upon flexion and extension view radiographs. There is no documentation of a recent attempt at conservative management. Based on the clinical information received, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary and appropriate.

**Inpatient 1-2 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post Op PT 2-3 x8:** 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.

**Cervical Collar:** 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.