

<b>Case Number:</b>	CM14-0058319		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 records, presented for review, indicate that this 38-year-old female was reportedly injured on July 18, 2013. The mechanism of injury was noted as a cumulative trauma type event. The most recent progress note, dated February 10, 2014, indicated that there were ongoing complaints of neck pain and left upper extremity involvement. The physical examination demonstrated a redo cervical spine range of motion, a positive Spurling's sign. Left upper extremity strength was 4/5 and a paresthesia at C5-C6 distribution. Diagnostic imaging studies objectified no acute osseous abnormalities. Cervical spine MRI noted multiple level minimal degenerative disc disease. Previous treatment included medications and conservative care. A request had been made for cervical fusion, a 2 day inpatient stay, and assistant surgeon, preoperative labs, chest x-ray, a preoperative EKG, a urinalysis and a cervical brace and was not certified in the pre-authorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery C4-5, C5-6. C6-7 Anterior Cervical Discectomy Fusion W/Instrumentation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

**Decision rationale:** As noted in the ACM guidelines, discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression. As outlined in the MRI, there are multiple level minimal disc lesions and ordinary disease of life degenerative changes. However, no specific nerve root compromise is reported. Electrodiagnostic studies noted a radiculopathy at C8-T1 levels. Therefore, there is no clinical indication for the surgical intervention to address the ordinary disease of life degenerative changes noted on MRI. This request is not medically necessary.

**2 Day Inpatient Stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

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

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

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

**Pre-Op Labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

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

**Chest X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

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

**EKG-Pre-Op:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

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

**Cervical Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Discectomy-Laminectomy-Laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited)

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