

<b>Case Number:</b>	CM14-0064770		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 40-year-old male who reported injury on 10/23/2012. The mechanism of injury was the injured worker suddenly changed direction while drilling holes in a trailer. The prior surgical history was not provided. Other therapies were noted to include physical therapy, cervical epidural steroid injection, medications, and acupuncture. The prior medications were noted to include Ultram, Flexeril and ibuprofen. The injured worker underwent an MRI of the cervical spine on 01/23/2013 which revealed at the level of C6-7, there was a small poster lateral disc bulge which did minimally flatten and displace the adjacent left anterior cord contour without abnormality of cord signal and mild compromise to the entrance zone of the left C6-7 foramen. The injured worker underwent an Electromyography and Nerve Conduction Velocity (EMG/NCV) of the bilateral lower extremities. The documentation of 06/06/2013 revealed the injured worker was symptomatic and had exhausted reasonable conservative treatments. As such, a surgical intervention was requested. The examination note dated 04/07/2014 revealed the injured worker had a history of pain, numbness, tingling and subjective weakness and pain into the left arm occurring constantly. The documentation indicated the physician recommended a C6-7 anterior cervical discectomy and fusion in June due to persistent pain and weakness in the left extremity. The injured worker was in the office to discuss surgery. The physical examination revealed the injured worker had paraspinal muscle tone that was normal. The wrist flexor strength was 4/5 on the left. The triceps reflex was 1/4 on the left. There were normal reflexes and distal sensation. The diagnosis included cervical radiculopathy neuritis NOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-C7 anterior cervical discectomy and fusion (ACDF) with instrumentation and allograft:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Fusion.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have persistent, severe and disabling shoulder or arm symptoms with activity limitation for more than 1 month, or with extreme progression of symptoms. There should be documentation of clear clinical, imaging and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and the injured worker had MRI findings of a left posterolateral disc bulge which minimally flattened and displaced the adjacent left anterior cord contour. However, there is a lack of documentation indicating the injured worker had spinal canal stenosis or impingement upon the nerve. Additionally, there was a lack of documentation indicating the injured worker had undergone electrodiagnostic studies and if he had, the official results were not provided. The request for discectomy would not be supported. The guidelines do not specifically address a fusion for the cervical spine. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a cervical fusion is supported when it is part of an anterior cervical discectomy. The requested procedure including a discectomy was not supported. As such, the request for fusion would not be supported. Given the above, the request for C6-7 anterior cervical discectomy and fusion (ACDF) with instrumentation and allograft is not medically necessary.

**Assistant surgeon:** Upheld

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

**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.

**Length of stay for 1 day:** Upheld

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

**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.