

<b>Case Number:</b>	CM14-0067391		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 patient is a 58-year-old female claimant with a reported industrial injury to her cervical spine on November 18, 2010. The patient is noted to have a diagnosis of cervical radiculopathy with bilateral carpal tunnel syndrome. MRI of the cervical spine performed on February 6, 2014 demonstrates multilevel disc degeneration C4-T1 with encroachment of foramina at multiple levels. Exam note from February 25, 2014 demonstrates complaints of pain in the shoulder blades as well as chronic headaches. It is reported that the patient has failed conservative measures and treatments including activity modification, medication, 2 courses of acupuncture and physical therapy. Physical examination of the cervical spine demonstrates tenderness of the cervical paravertebral muscles and upper trapezial vessels with spasm. It is reported that there is dysesthesia noted at the C6-7 dermatome pattern involving the lateral forearm and hand, which was greater than C5 and C8 pattern that involve the anterolateral shoulder and medial forearm. It is noted that the patient has 4-5 strength in the deltoid, biceps and triceps. Request is made for a C4-T1 anterior cervical discectomy and fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Anterior, Cervical Microdiscectomy, Implantation of Hardware and Reduction of Listhesis, Realignment of Junctional Kyphotic Deformity back to Lordosis C4-T1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. There is significant compression on MRI correlating with the claimant's complaints. In this case, however, the exam notes from 2/25/14 do not demonstrate any evidence of significant listhesis or junctional kyphosis that correlates with the MRI of the cervical spine from 2/6/14. Therefore the request is not medically necessary.

**Inpatient Hospital for 2-3 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Neck and upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Medical Clearance Pre-Operative:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Neck and upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Cervical Collar Purchase Minerva Mini Collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Neck and upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Cervical Collar Purchase Miami J Collar with Thoracic Extension: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Neck and upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Bone Stimulator Purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web) 2013 Neck and upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Surgery Assistant: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons (web) Physicians @ Assistants at Surgery <http://www.facs.org/ahp/pubs.html>.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Medication - Unspecified: 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary.