

<b>Case Number:</b>	CM14-0072744		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/01/2003
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Surgery and is licensed to practice in New York. 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 male with a date of injury of 1 January 2003. The patient is diagnosed with disc protrusions at C4-5 and C5-6. The patient has chronic neck pain. He was treated with medications, acupuncture, and physical therapy. MRI from March 2013 reveals 2 mm disc bulges at C3-4 C4-5. At C5-6 there is hypertrophy of the inferior endplate of C5 of posterior ligamentous hypertrophy. Patient has neck pain associated with numbness and tingling and weakness in the arms. Physical examination shows tenderness palpation of the posterior cervical spine. Range of motion of the neck is decreased. Foraminal compression test is positive. There is diminished strength of the right biceps and deltoid. There is diminished sensation to light touch over right C5 and C6 dermatomes. Patient feels that he is exhausted conservative measures. At issue is whether two-level anterior cervical discectomy fusion surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Pre Operative Clearance: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 186.

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

**1 Anterior Cervical Discectomy and Fusion with Cages and Plates at Levels C4-C5 and C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition Chapter: Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS page 186.

**Decision rationale:** This patient does not meet establish criteria for two-level anterior cervical discectomy and fusion surgery. Specifically, there is no documented instability cervical spine. The patient does not have significant neurologic deficit on physical examination neck clearly correlate with MRI imaging study showing specific compression of nerve roots. In addition there is no evidence that the patient has myelopathy. There is no evidence that the patient has progressive neurologic deficit. More importantly, there is not adequate documentation of recent conservative measures have been tried and failed. The medical records do not contain a recent trial and failure of physical therapy. Criteria for this operation not met. Therefore, the anterior cervical discectomy and fusion with cages and plates at levels C4-C5 and C5-C6 is not medically necessary.

**2 Days Inpatient Stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hospital length of stay (LOS) 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.

**1 Assistant Surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics (<http://www.aaos.org/about/papers/position/1120.asp>).

**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.