

<b>Case Number:</b>	CM14-0078132		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/28/1999
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 64-year-old female was reportedly injured on February 28, 1999. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of neck pain and radicular arm pain. Current medications include Norco, Gabapentin, Crestor, Premarin, and Synthroid. The physical examination demonstrated no tenderness along the cervical spine. There was decreased cervical spine range of motion and no apparent radicular findings. Diagnostic imaging studies of the cervical spine showed a disc osteophyte complex at C3-C4, C4-C5, C5-C6 and C6-C7. There was severe left neural foraminal narrowing at C5-C6. Previous treatment included a lumbar spine laminectomy and a subsequent lumbar spine fusion from L4 through S1. Treatment has also included acupuncture, massage, physical therapy, aquatic therapy, steroid injections, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for an anterior cervical discectomy and fusion from C3 through C7, a three day inpatient hospital stay, medical clearance, and postoperative physical therapy and was not certified in the pre-authorization process on April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient three day hospital stay:** 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.

**C3-C7 Anterior cervical discectomy and fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The American College of Occupational and Environmental Medicine supports a discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression and who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. According to the progress note, dated May 19, 2014, there are no findings of a radiculopathy on physical examination, nor are there any potential neurological findings on the cervical spine MRI. Furthermore, there is no evidence of cervical spine instability that would necessitate the need for a fusion. Considering this, the request for an anterior cervical discectomy and fusion from C3 through C7 is not medically necessary.

**Medical Clearance:** 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 comprehensive lumbar and cervical spine physiotherapy, 2 times a week for 8 weeks:** 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.