

<b>Case Number:</b>	CM14-0080208		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 58-year-old male who reported an injury on 06/23/2013. The mechanism of injury involved a fall. The current diagnoses include cervical/lumbar discopathy and carpal tunnel/double crush syndrome. The injured worker was evaluated on 04/07/2014. It is noted that the injured worker has been previously treated with chiropractic therapy, physical therapy, and medication management. The injured worker has also undergone a left shoulder arthroscopy and a right knee arthroscopy in 2013. The injured worker presented with ongoing symptomatology in the cervical spine with chronic headaches and tension between the shoulder blades. A physical examination of the cervical spine revealed positive axial loading compression testing, positive Spurling's maneuver, positive Hoffman's reflex and Hyperreflexia, and a non-sustained 2 to 3 beat clonus. It is noted that the injured worker underwent an MRI of the cervical spine on 02/24/2014. However, the official imaging study was not provided for this review. Treatment recommendations at that time included a C4-7 anterior cervical microdiscectomy with implantation of hardware, realignment, and possible reduction of listhesis. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4 to C7 Anterior Cervical Microdiscectomy with Implantation of Hardware with Realignment and possible Reduction of Listhesis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck & Upper Back Procedures.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling upper extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state prior to a discectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. There should be evidence of motor deficit or reflex changes, or positive EMG findings. An abnormal imaging study must indicate positive findings that correlate with nerve root involvement. As per the documentation submitted, the injured worker has been previously treated with physical therapy, chiropractic treatment, and medication management. However, there were no imaging studies provided for this review to corroborate a diagnosis of nerve root involvement or radiculopathy. Based on the clinical information received, the request is not medically appropriate.

**Co-Surgeon:** 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.

**Minerva Mini Collar #1:** 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.

**Miami J Collar with Thoracic Extension # 1:** 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.

**Bone Stimulator:** 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.

**Inpatient Stay 2-3 days:** 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.

**Medical Clearance for Internist:** 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.