

<b>Case Number:</b>	CM14-0082548		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Spinal 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 45-year-old male with a date of injury of September 25, 2013. The patient has chronic neck pain. MRI from April 2014 shows grade 1 retrolisthesis of C5 on C6 with a disc protrusion causing severe canal stenosis and foraminal narrowing. At C6-7 he was moderate canal stenosis. On physical examination there is tenderness to palpation of the neck and thoracic region as well as decreased range of motion and a positive Spurling test. Triceps reflexes were diminished bilaterally. Wrist extension was 4+ over 5 bilaterally. There is some decreased sensation C6 bilaterally. MRI shows disc protrusion at C5-C6 with central stenosis but no evidence of any cord signal change. At C6-7 there is moderate stenosis. The patient was evaluated by another spine surgeon in November 2013. That surgeon over full range of cervical motion with no motor or sensory findings in the upper and lower extremities. The patient's physical examination was normal neurologically. There was only a hint of slight weakness in right shoulder abductors. That Dr. recommended against surgery in proceeding with physical therapy. At issue is whether surgical intervention is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical decompression and fusion C5-C7 with a right Iliac crest bone graft:**  
Upheld

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

**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 cervical spine surgery. Specifically, there is no documentation of a recent trial and failure of conservative measures to include physical therapy. Also, there are conflicting physical examination reports from spine surgeons in the records. There is a physical examination showing that the patient is normal neurologically documented in the medical records. Given the fact that there is documentation that the patient is normal neurologically coupled with the fact that the patient has not had a trial of conservative measures, therefore criteria for cervical spine surgery are not met. Cervical spine surgery is not medically necessary.

**Two day Inpatient 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 surgery is not medically necessary, then all other associated items are not needed.

**Preoperative internal medicine for medical clearance:**

**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 surgery is not medically necessary, then all other associated items are not needed.

**Psychological evaluation for fusion surgery:** 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 surgery is not medically necessary, then all other associated items are not needed.

**Postoperative Physical Therapy of land:** 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 surgery is not medically necessary, then all other associated items are not needed.

**Postoperative Aquatic Therapy. Quantity 9:** 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 surgery is not medically necessary, then all other associated items are not needed.

**Norco 5/325mg #60 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Guidelines do not recommend narcotic use for chronic back pain. The medical records do not demonstrate that there is been a functional capacity evaluation and functional improvement were previous narcotic use. Additional narcotic use is not medically necessary and guidelines not met.

**Follow up appointment in 6 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 surgery is not medically necessary, then all other associated items are not needed.

**Cervical Collar:** 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 surgery is not medically necessary, then all other associated items are not needed.