

<b>Case Number:</b>	CM14-0086229		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/02/2001
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Neurological 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 records presented for review, indicate that this 65-year-old female was reportedly injured on February 2, 2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated July 31, 2014, indicated that there were ongoing complaints of neck pain, left upper extremity pain, right upper extremity pain with numbness and tingling into the distal aspect. The physical examination demonstrated a 5'7", 156 pound individual who is normotensive. The injured employee was described as well-nourished, well-developed, and in mild discomfort. Extremities noted a full range of motion, normal muscle mass, and no evidence of atrophy or muscle strength weakness. There was some tenderness in the sub-occipital region of the cervical spine, and there was diffusely tender bilateral cervical facet joint pathology. Diagnostic imaging studies objectified are not reported. Previous treatment included cervical fusion in 2001, postoperative physical therapy, multiple medications, and pain management interventions. A request was made for cervical fusion surgery and was not certified in the pre-authorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy and fusion at C3-4, C4-5, with a 2 day hospitalization stay:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181, 183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

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

**Decision rationale:** When noting the date of injury, the reported mechanism of injury, the findings noted on physical examination and the surgical interventions completed to date, there simply is no clinical information presented to support the need for additional cervical fusion. The 1st point to make is that there is no objectification of a chronic radiculopathy. When noting the date of injury and by the physical examination and the lack of electrodiagnostic evidence, this criterion for the cervical spine fusion is not objectified. Therefore, the medical necessity for the surgical intervention cannot be established.

**Cardiac clearance for surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, preoperative testing.

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

**Decision rationale:** It is noted that the underlying request for surgery is not medically necessary. Therefore, the request for cardiac clearance is not medically necessary.

**Assisting surgeon, spinal monitoring with active diagnostics:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, intraoperative monitoring.

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

**Decision rationale:** In that the underlying request for surgical intervention is not medically necessary, the request for an assistant surgeon is not medically necessary.

**Philadelphia collar, 1 vista collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, cervical collar.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically cited).

**Decision rationale:** In that the request for surgical intervention is not medically necessary, a postoperative surgical collar is not medically necessary.

**Bone stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, bone stimulator.

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

**Decision rationale:** In that the underlying request for surgical intervention is not medically necessary, a bone stimulator is not medically necessary.