

<b>Case Number:</b>	CM14-0098851		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 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 61 year-old individual was reportedly injured on July 27, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 10, 2014 indicates that there are ongoing complaints of neck pain. The physical examination was not referenced. Diagnostic imaging studies objectified (radiculopathy in the C7 and 88 dermatomes, a disc herniation at C7-T1 with compression of the nerve root at C7. Previous treatment includes multiple medications, physical therapy, and pain management interventions. A request had been made for cervical surgery and was not certified in the pre-authorization process on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical microdiscectomy with implantation of hardware and realignment to C4-C7 and possible C7-T1, at Southern California Hospital with Dr. [REDACTED], DO:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery- Discectomy/ Laminectomy Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Fusion, Anterior Cervical.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders (Electronically Cited).

**Decision rationale:** A review of the records indicated that there was a disc lesion at C6-C7. There is no significant pathology identified from C4 through C7. As such, the extensive surgical intervention is not medically necessary. This is not to say that there is not a disc lesion at C6-C7, nor does one say there is no radiculopathy in that same dermatome. The issue is with the extensive surgical intervention and the medical necessity for the multiple levels has not been established. Therefore, the request is not medically necessary.

**Preoperative medical clearance with internist, [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, State of California Official Medical Fee Schedule, 1999 Edition, Pages 92-93.

**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: Preoperative Evaluation Am Fam Physician. 2000 Jul 15;62(2):387-396.

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

**Assistant Surgeon, QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicare Services, Physician Fee Schedule Search, CPT Code 64721 ([http:// www.cms.gov/apps/physician-fee-schedule/overview.aspx](http://www.cms.gov/apps/physician-fee-schedule/overview.aspx)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), neck chapter, updated July, 2014.

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

**In-patient hospital admission for 2 to 3 days:** 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), Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), neck chapter, updated July, 2014.

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

**Minerva Mini Collar ( [REDACTED] ), QTY: 1: 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), Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), neck chapter, updated August, 2014.

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

**Miami J Collar with thoracic extension ( [REDACTED] ), QTY: 1: 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), Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), neck chapter, updated August, 2014.

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

**Bone Stimulator ( [REDACTED] ), QTY: 1: 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), Low Back- Lumbar and Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), neck chapter, updated August, 2014.

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