

<b>Case Number:</b>	CM13-0037137		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Pediatrics, Neurological Surgery

### 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 50-year-old female who reported an injury on 06/20/2012. The mechanism of injury was not provided. The injured worker underwent an intramuscular injection. There was a Request for Authorization submitted for review dated 09/30/2013. The documentation of 08/26/2013 revealed the injured worker had continued symptomatology in the cervical spine including chronic headaches, tension between the shoulder blades, and migraines. The injured worker was diagnosed with cervical disc pathology at the levels of C5-6 and C6-7. The injured worker had failed all conservative measures and wished to have some sort of relief. The injured worker was inquiring about surgical intervention. The physical examination of the cervical spine was noted to be unchanged. There was tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The axial loading compression and Spurling's maneuver were positive. There was painful and restricted range of motion. There was dysesthesia at the C6 and C7 dermatomes. The physician documented that the MRI of the cervical spine on 08/15/2013 revealed at C5-6 there was a disc protrusion extending into the neural foramen and lateral recess on the right, narrowing the structures. There was a mild annular bulge at the C6-7 level. The diagnoses included cervical discopathy. The treatment plan included an anterior cervical microdiscectomy with implantation of hardware and realignment of C5-6 and C6-7. The official MRI revealed the spinal canal was reduced to the lower limits of normal size. The neural foramen and lateral recess on the right were narrowed. The facet joints were normal at the level of C5-6. At the level of C6-7, the spinal canal was reduced to the lower limits of normal and the neural foramen were normal with facet joints that were normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **C5-C7 Anterior Cervical Discectomy with Implantation of Hardware:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have activity limitation of more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review indicated the injured worker had failed all conservative treatment. However, the specific conservative treatment that was provided was not noted. Additionally, the MRI failed to indicate the injured worker had nerve impingement to support the necessity for a discectomy. Additionally, the documentation indicated the patient had dysesthesia at C6-7. There was a lack of documentation of objective findings at the level of C5-6. Given the above and the lack of documentation, the request for C5 to C7 anterior cervical discectomy with implantation of hardware not identified as is not medically necessary.

### **Associated Surgical Service: 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.

### **Associated Surgical Service: 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.

**Associated Surgical Service: 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.

**Associated Surgical Service: Cervical Collar: Minerva Mini 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Service: 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.

**Associated Surgical Service: Miami J Collar with Thoracic Extension: 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.