

<b>Case Number:</b>	CM14-0160394		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in Georgia & South Carolina. 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 48-year-old male who reported an injury on 05/21/2014. The mechanism of injury involved heavy lifting. The current diagnoses include cervical degenerative disc disease, cervical herniated nucleus pulposus, and radiculopathy. The injured worker presented on 09/11/2014 with complaints of persistent neck pain and numbness. Physical examination on that date only revealed a positive Spurling's maneuver. Previous conservative treatment is noted to include physical therapy and medication management. Treatment recommendations included an ACDF at C5-6 and C6-7. There was no Request for Authorization Form submitted for this review. It is noted that the injured worker underwent an MRI of the cervical spine on 07/07/2014, which revealed evidence of congenital baseline narrowing of the osseous cervical spine canal due to short pedicles, facet arthropathy and osteophyte disease, mild to moderate stenosis at C2 through C7, uncovertebral spurring and facet arthropathy at T2-3, C5-6, and C6-7, causing mild to moderate neural foraminal stenosis. The injured worker also underwent electrodiagnostic studies on 07/30/2014, which revealed normal findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy, corpectomy & fusion with instrumentation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, Fusion, anterior cervical

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm 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 recommend an anterior cervical fusion for spondylotic radiculopathy or non-traumatic instability when there are significant symptoms that correlate with physical examination findings and imaging reports, persistent or progressive radicular pain, or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. As per the documentation submitted, there is no evidence of an exhaustion of conservative management. There was no documentation of spinal instability upon flexion and extension view radiographs. There was also no documentation of a comprehensive physical examination of the cervical spine. There was no evidence of a significant functional deficit. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

**Medical Clearance:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.