

<b>Case Number:</b>	CM14-0178653		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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. 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: Oregon, California  
 Certification(s)/Specialty: 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 48-year-old female who reported an injury on 04/28/2011. The mechanism of injury was not specifically stated. The current diagnosis is herniated nucleus pulposus in the cervical spine. Previous conservative treatment includes medication management, physical therapy, and cervical epidural injections. The injured worker presented on 09/10/2014 with complaints of severe neck pain with radiation into the bilateral upper extremities causing numbness. The injured worker reported ongoing severe pain rated 10/10 with radiation into the bilateral upper extremities, numbness and weakness, and activity limitation. Upon examination, there was tenderness over the cervical spine, marked limitation of motion in all directions, hypoactive bilateral elbow and wrist reflexes, numbness in the C6 and C7 dermatomes of the bilateral hands, weakness with bilateral hand grip strength, and radicular symptoms worse on the right side compared to the left. Recommendations at that time included an anterior cervical discectomy and fusion from C4-7. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Spine surgery anterior cervical discectomy and fusion from C4-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend anterior cervical fusion for spondylotic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness, and at least 8 weeks of conservative therapy. According to the documentation provided, the injured worker has exhausted conservative treatment. There is objective evidence of cervical radiculopathy upon examination. However, there were no imaging studies provided for this review. There is no documentation of spinal instability upon flexion and extension view radiographs. Given the above, the request is not medically appropriate at this time.