

<b>Case Number:</b>	CM14-0187814		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 New Jersey. 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 61-year-old male who reported an injury on 06/04/2013. The mechanism of injury involved repetitive activity. The current diagnosis is early cervical myelopathy at C5-6 and C6-7 with herniated disc. The injured worker presented on 08/15/2014 with complaints of persistent low back and neck pain. Previous conservative treatment includes medication management and physical therapy. Physical examination revealed an unsteady gait, positive Spurling's maneuver, 3+ biceps and triceps reflexes bilaterally, and positive reverse C6 reflex. Treatment recommendations at that time included an anterior cervical discectomy and fusion with cage and bone grafting. 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:

**Inpatient C5, 6, 7 Anterior Cervical Decompression With Instrumental Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**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 and nontraumatic 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, the injured worker has been previously treated with medication management and physical therapy. However, there is no documentation of an exhaustion of conservative management. There was no documentation of spinal instability upon flexion and extension view radiographs. There was no imaging studies provided for this review. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.