

<b>Case Number:</b>	CM14-0188707		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/19/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 34-year-old male who reported an injury on 12/19/2010. The mechanism of injury was not provided. The current diagnoses include displacement of cervical intervertebral disc without myelopathy and cervical spine stenosis. The injured worker presented on 10/06/2014 with complaints of persistent neck pain and upper extremity pain. The injured worker is noted to be status post C5-6 ACDF in 03/2011. Previous conservative treatment includes physical therapy and medication management. The current medication regimen includes oxycodone 15 mg and naproxen 500 mg. Physical examination revealed diminished motor strength in the right upper extremity, limited cervical range of motion, decreased sensation in the bilateral hands and positive Spurling's test bilaterally. It was noted that the injured worker underwent flexion/extension view cervical spine x-rays on 04/10/2014, which revealed evidence of a solid fusion at C5-6 without evidence of instability. Treatment recommendations included a C6-7 ACDF. It is noted that the injured worker underwent an MRI of the cervical spine on 05/28/2014, which revealed evidence of mild degenerative disease with mild disc osteophyte complex and bilateral uncovertebral hypertrophy at C6-7 with mild bilateral neural foraminal stenosis. The injured worker also underwent a CT myelogram of the cervical spine on 09/12/2014, which revealed no significant disc/facet abnormality, spinal stenosis or foraminal stenosis at C6-7. 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:

**C6-7 ACDF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation 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 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 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. There is no documentation of instability upon flexion/extension view x-rays. There is also no documentation of a significant functional limitation. There was no evidence of nerve root compression upon imaging study. Based on the clinical information received, the medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

**1 day inpatient stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**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.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**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.

**Cervical Collar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**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.

**Surgery clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**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.

**Surgery clearance appointment labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**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.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

**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.