

<b>Case Number:</b>	CM14-0191427		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 46-year-old female with a 2/15/13 date of injury. At the time (10/29/14) of the Decision for C5 - C6 anterior cervical discectomy and fusion, BB PLTG; and One day inpatient stay, there is documentation of subjective (right neck pain and numbness radiating down the right arm) and objective (decreased range of motion of the cervical spine) findings, imaging findings (MRI of cervical spine (4/21/14) report revealed severe foraminal stenosis bilaterally at C5-C6), current diagnoses (cervical degenerative disc disease and cervical stenosis), and treatment to date (medications). There is no documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month; and unresolved radicular symptoms after receiving additional conservative treatment (activity modifications and physical modalities).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5 - C6 anterior cervical discectomy and fusion, BB PLTG:** 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): 180.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. In addition, ODG identifies anterior cervical fusion is recommended as an option in combination with anterior cervical discectomy for approved indications. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease and cervical stenosis. In addition, given documentation of imaging findings (MRI of cervical spine revealing severe foraminal stenosis bilaterally at C5-C6), there is documentation of clear imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term. Furthermore, there is documentation of failure of conservative treatment. However, despite documentation of subjective (right neck pain and numbness radiating down the right arm) and objective (decreased range of motion of the cervical spine) findings, there is no documentation of persistent, severe, and disabling shoulder or arm symptoms and activity limitation for more than one month. In addition, there is no documentation of unresolved radicular symptoms after receiving additional conservative treatment (activity modifications and physical modalities). Therefore, based on guidelines and a review of the evidence, the request C5 - C6 anterior cervical discectomy and fusion, BB PLTG is not medically necessary.

**One day inpatient stay:** 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.