

<b>Case Number:</b>	CM14-0208979		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California  
Certification(s)/Specialty: Orthopedic 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:

58 year old male claimant with an industrial injury dated 01/30/13. Exam note 12/08/14 states the patient returns with neck pain, right arm, right hand, and left hand pain. The patient explains experiencing ongoing muscle spasm in the neck along with cervicothoracic discomfort, and numbness throughout the right arm. The patient reports tingling on the radial and ulnar aspect of the right hand and ulnar aspect of the left hand. Upon physical exam the patient demonstrated a limited range of motion. The patient revealed a grip strength of 4/5 on the right. The patient had decreased sensation on the right C7 and C8 dermatome and an absent triceps reflex on the left. Diagnosis is noted as multilevel cervical degenerative spondylosis C3-4, C4-5, C5-6 with spinal stenosis and radiculopathy. Treatment includes an anterior cervical C3-4, C4-5, and C5-6 discectomy, fusion allograft and left iliac crest bone graft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 anterior cervical C3-4, C4-5 and C5-6 discectomy, fusion, allograft and left iliac crest bone graft and anterior instrumentation with locking plate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 12/8/14 do not demonstrate an adequate course of conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore the determination is for non-certification.