

<b>Case Number:</b>	CM14-0216248		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/28/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: New York  
 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:

This 74-year-old female school teacher on 2/28/2007 fell. In the PR2 of 03/01/2007 it states that she was bumped on her right side by a child and she fell to the left hitting several parts of her body. According the PR2 of 2/28/2007 she stated she injured her back and shoulder and she was concerned about doing anything else to protect her right knee replacement. The AME of 07/20/2009 records multiple doctor's visits from 10/1/2001 thru 2008. The cervical MRI scan report and CT scan report of 03/01/07 describes degenerative disc disease at C5-6 with mild central and lateral spinal stenosis. According to the provider's clinic note dated 12/2/2014, the injured worker's (IW) diagnoses include lumbar disc degeneration and disc herniation, cervical spondylosis, local kyphosis and spinal cord compression at C4-5 and C5-6. However, the radiologist's report of the MRI done on 11/21/14 states she has mild disc bulging at the C5-6 with slight anterior indentation of the cervical cord with no abnormal signal in the cord. The report states there is no impingement at C4-5 with adequate space in the spinal canal. She reports neck, back and right leg pain. Previous treatments include medications, activity modification and physical therapy. The treating provider requests anterior cervical decompression and fusion C4-C6, two-day inpatient stay, pre-op labs: CBT, BMP, PT/PTT, UA and chest x-ray and EKG. The Utilization Review on 12/24/2014 non-certified anterior cervical decompression and fusion C4-C6, two-day inpatient stay, pre-op labs: CBT, BMP, PT/PTT, UA and chest x-ray and EKG, citing CA MTUS Chronic Pain Medical Treatment guidelines and ODG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Anterior cervical decompression and fusion C4-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, anterior cervical.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The California MTUS guidelines note that surgical considerations can be considered if the patient has clear clinical, imaging and electrophysiological evidence consistently indicating specific nerve roots or spinal cord level compromise. The provider has mentioned myelopathy, but the patient has no clonus, hyperactive reflexes, motor or sensory compromise indicating any spinal cord or nerve root involvement. The radiologist noted adequate space at C4-5 and slight indentation at C5-6. There is no mention of comparison of these scans with prior studies. Moreover the guidelines indicate that there is no scientific evidence for increased benefit with fusion. Thus the requested treatment: Anterior cervical decompression and fusion C4-6 is not medically necessary and appropriate.

### **Associated surgical service: 2-day inpatient stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Hospital length of stay (LOS).

**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.

### **Pre op labs: CBC , BMP, PT/ PTT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 11/21/14).

**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.

### **Pre-op Chest X-Ray: 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.

**Pre-op EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 11/21/14).

**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.

**Pre-op labs : Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back.

**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.