

<b>Case Number:</b>	CM15-0000850		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 7/2/2013. The current diagnosis is C6-7 disc herniation. Currently, the injured worker complains of neck pain and right-sided cervical radiculopathy. Current medications are Tramadol, Valium, Norco, daily vitamin, B12, Vitamin B-1, Foltrate, Probiotic, and Folic Acid. Treatment to date has included medications, physical therapy, and epidural injections without long term relief of neurologic function. The treating physician is requesting C6-7 ACDF, plate, interbody, allograft and cervical collar, which is now under review. On 12/22/2014, Utilization Review had non-certified a request for C6-7 ACDF, plate, interbody, allograft and cervical collar. The C6-7 ACDF, plate, interbody, allograft was non-certified based on recently documented physical examination of generalized right upper extremity weakness but not in a specific myotome or specifically at the level the surgical intervention is being requested. There is documentation of normal sensation and normal deep tendon reflexes. The California MTUS, ACOEM, and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-7 ACDF, plate, interbody, allograft:** 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): 179,183.

**Decision rationale:** The California MTUS guidelines recommend that surgery on the cervical spine only be considered if the patient has severe spinovertebral pathology. The MRI of the cervical spine which this patient had on 11/3/2014 showed only minimal stenosis at C6-7 with only partial effacement of the cerebrospinal fluid space by the broad based disc. Moreover, the guidelines note that clear clinical, imaging and electrophysiological evidence indicating a cervical nerve root or spinal level of a lesion known to both in the short-term and long to respond to the surgical repair meets the criteria for cervical surgery. This patient had had previous shoulder surgery which could explain some of the patient's complaints especially since both his motor and sensory examination was normal. Thus the requested treatment: C6-7 ACDF, plate, interbody allograft is not medically necessary and appropriate.

**Cervical collar:** 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.