

<b>Case Number:</b>	CM15-0006027		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/27/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: 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:

The injured worker is a female who sustained an industrial related injury on 9/27/09. The injured worker had complaints of neck and left shoulder pain that radiated to the left arm and hand. Numbness in bilateral hands was also noted. Treatment included massage therapy, physical therapy, and two cervical epidural injections. Medical history included hypertension. Prescriptions included Aspirin, Simvastatin, Toprol, and Hydrochlorothiazide. A cervical imaging scan obtained on 11/20/14 was noted to have revealed moderate loss of disc height at C5-6 and C6-7. Large bridging anterior osteophytes at C5-6 and C6-7 were seen. Moderate bilateral uncovertebral hypertrophy at C5-6 and C6-7 was also seen. Diagnoses included cervical spondylosis C5-6 and C6-7 with foraminal stenosis and bilateral carpal tunnel syndrome. Exam note from 11/20/14 demonstrates full flexion and extension of 75% of normal motor exam. 5/5 strength was noted in all muscle groups of both upper extremities. Numbness was noted in the left dorsal forearm along the index, long and ring fingers. The treating physician requested authorization for anterior cervical discectomy and fusion at C5-6 and C6-7. On 12/19/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of conservative treatment. There was no MRI report available in the medical records. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Cervical Disectomy and Fusion C5-C6 and C6-C7: 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): 180-193.

**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 11/20/14 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore determination is for non-certification.