

<b>Case Number:</b>	CM15-0163084		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 50-year-old male who sustained an industrial injury on October 20, 2012. The worker was employed as a laborer doing construction. The accident was described as while driving a slip loader with his head turned full time hard to the right and also turning behind him during operation of equipment bouncing along a dirt path resulting in injury. A primary treating office visit dated December 19, 2012 reported subjective complaint of neck pain is stated much better but continues with snapping, cracking, grinding sensation in neck with any head movement. He states he is no longer taking medications. The following diagnoses were applied: cervical spondylosis, and strain and sprain of cervical spine. The plan of care noted: recommending a course of physical therapy, return to a modified work duty, and follow up in three weeks. Follow up dated January 09, 2013 reported subjective complaint of neck pain is no longer a constant pain and still has discomfort with turning neck to end points. He has completed 4 sessions of physical therapy and is participating in home exercises. He expresses an interest to return to full duty work. An orthopedic consultation dated July 27, 2015 reported current complaint of neck pain radiating down the right upper extremity to the hand with associated numbness and tingling. He is diagnosed with C5-7 spondylosis, stenosis, and right upper extremity radiculopathy. There is recommendation to either continue with conservative treatment that has been tried in the past with perhaps the addition of cervical traction or home traction, or the consideration of surgical intervention. If surgery is the choice then it is suggested to undergo an anterior cervical discectomy and fusion at C-5-6 and C 6-7.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-7 anterior cervical fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Fusion, anterior cervical.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines, surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms that 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 7/27/15 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore, the request is not medically necessary.

**Pre-op medical clearance:** 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.

**Associated Surgical Service: Assistant surgeon:** 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.

**Post-op purchase of bone growth stimulator:** 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.