

<b>Case Number:</b>	CM15-0168447		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/08/1988
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 68-year-old female, who sustained an industrial injury on 11-8-88. The injured worker was diagnosed as having right C5 radiculopathy, bilateral neural foraminal stenosis at C4-5, status post anterior cervical fusion at C5-6 in 2009, degenerative cervical disc disease at C3-4 and C6-7, history of anterolisthesis at C7-T1, and neuroforaminal stenosis at C3-4. Treatment to date has included medication. Physical examination findings on 6-25-15 included severe limitation in cervical range of motion. Cervical flexion was uncomfortable and caused radicular pain. Dermatomal loss over the C5 area of the upper arm to pin and light touch was noted. A MRI of the cervical spine obtained on 4-1-15 revealed mild disc degeneration at C3-4, C4-5, and C6-7. Moderate right C4-5 facet joint arthropathy was also noted. Currently, the injured worker complains of neck pain and stiffness radiating to the shoulders right more than left. The treating physician requested authorization for anterior cervical vertebrectomy and anterior cervical fusion at C4-5 with removal of old plate and new plate instrumentation. Other requests included a 1-day inpatient hospital stay, medical clearance as an outpatient, a pre-operative chest x-ray, a pre-operative electrocardiogram, and pre-operative labs including CBC, CMP, PT-PTT, and UA. On 7-22-15, the requests were non-certified; the utilization review physician noted, "While the patient has failed conservative measures and has objective evidence of a C5 radiculopathy, without corroborating imaging evidence the surgery is not medically necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Cervical Vertebrectomy and Anterior Cervical Fusion at C4-C5 Level with Removal of Old Plate and New Plate Instrumentation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from the MRI of 4/1/15 to warrant a cervical vertebrectomy. There is no evidence of significant central canal stenosis at C4/5 or cervical myelopathy to warrant a corpectomy. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

**Associated surgical service: 1 Day Inpatient Stay at Hospital: 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: CBC: 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: CMP: 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: PT/PTT:** 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: UA (Urinalysis):** 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: 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 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.

**1 Medical Clearance as an outpatient:** 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.