

<b>Case Number:</b>	CM15-0185564		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, Montana

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 59-year-old male, who sustained an industrial injury on 2-19-2014. The injured worker is being treated for cervical herniated disc and radiculopathy. Treatment to date has included diagnostics, physical therapy, chiropractic, activity modification and transforaminal cervical epidural steroid injection (6-30-2015). Per the Primary Treating Physician's Progress Report dated 8-13-2015 the injured worker reported neck pain radiating to both shoulders and to the arm with numbness and tingling. He also reported 9 out of 10 lower back pain. Objective findings included decreased sensation in the right S1 and left L5 and L4 distribution, and decreased sensation in the left C5, C7 and C8 distribution. Magnetic resonance imaging (MRI) of the cervical spine (undated) was documented as "central stenosis at the C3-C4 level, foraminal stenosis again at the C4-5, C5-6 and C6-7 levels." Work status was modified. The plan of care included surgical intervention and authorization was requested on 8-27-2015 for anterior cervical corpectomy and fusion at C3-4, anterior cervical discectomy and fusion at C4, C5-6, possibly C6-7, 2-day inpatient hospital stay, assistant surgeon and medical clearance. On 9-03-2015, Utilization Review non-certified the request for anterior cervical corpectomy and fusion at C3-4, anterior cervical discectomy and fusion at C4, C5-6, possibly C6-7, 2 day inpatient hospital stay, assistant surgeon and medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical corpectomy and fusion at C3-4: 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 & Upper Back Chapter.

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

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment is not medically necessary and appropriate.

**Anterior cervical discectomy and fusion at C4-5, C5-6 and possibly C6-7: 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 & Upper Back Chapter.

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

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment is not medically necessary and appropriate.

**Associated surgical services: 2-day inpatient hospital stay: 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 services: 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.

**Associated surgical services: 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.