

<b>Case Number:</b>	CM15-0186966		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Oregon, Washington  
 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:

This is a 61 year old female who sustained an industrial injury on 3-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, cervicgia, brachial neuritis not otherwise specified and spinal stenosis in cervical region. Medical records (9-16-2014 to 8-14-2015) indicate ongoing neck pain. Per the progress report dated 9-16-2014, the injured worker had new onset of severe excruciating pain radiating to the anterior proximal aspect of her chest wall and radiating down both upper extremities. The physician documented (3-10-2015) that the injured worker had a new magnetic resonance imaging (MRI) showing disc bulges at C6-C7. "Of course, the patient has significant degenerative disc disease changes, spondylosis and disc osteophyte complex and severe foraminal stenosis at C5-C6 along with Modic endplate changes." It was noted that the injured worker had cancelled surgery a couple times, but now felt that she was ready. The physical exam (8-14-2015) revealed muscle spasm and moderately reduced range of motion of the cervical spine. Treatment has included physical therapy (April-May 2013), and medications. Current medications (8-5-2015) included Medrol, Norco and Soma. Electromyography (EMG) dated 1-10-2014 showed findings consistent with right worse than left active over chronic C5-C7 radiculopathy. The request for authorization dated 8-16-2015 was for C5-C6 anterior cervical discectomy and fusion (ACDF) and associated services. The original Utilization Review (UR) (9-2-2015) denied a request for spinal surgery C5-C6 anterior cervical discectomy and fusion (ACDF) with instrumentation and allo-autograft and iliac crest bone graft and a hard cervical collar.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 anterior cervical discectomy and fusion with instrumentation and allo/autograft and iliac crest bone graft:** 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, 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 9/16/14 do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore the request is not medically necessary.

**Associated surgical service: hard 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.