

<b>Case Number:</b>	CM15-0206397		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/28/1995
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, California  
 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 56 year old male injured worker suffered an industrial injury on 2-28-1995. The diagnoses included 1995 C5-7 anterior cervical fusion with later repair and 1997 decompression and adjacent severe right foraminal stenosis C3-4 and C4-5. On 10-6-2015 the treating provider reported severe radiating right sided neck and upper arm pain that had been quite debilitating. The pain radiated to the shoulder but did not go past the elbow. Medications in use were Oxycodone and Ibuprofen. On exam Jamar testing was reduced in the right hand. There was severe pain of the right cervical and trapezial region with spasms. There was a markedly positive Spurling's sign on the right. On 8-24-2015 as part of the initial spinal consultation the provider noted he had multiple epidurals, physical therapy, acupuncture and chiropractic therapy that only gave him temporary relief. Prior treatment included trigger point injection which helped the trigger point but not the global pain. Request for Authorization date was 10-13-2015. The Utilization Review on 10-17-2015 determined non-certification for C3-C5 ACFD with instrumentation with associated surgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) C3-C5 ACFD with instrumentation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The guidelines note that the efficacy of fusion in the long term has not been proven. The requested treatment: One (1) C3- C5 ACFD with instrumentation is not medically necessary and appropriate.

**One (1) iliac crest bone graft:** 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.

**One (1) assistant:** 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.

**One (1) co 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.

**One (1) Aspen 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**One (1) bone stimulation unit: 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.

**One (1) 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.