

<b>Case Number:</b>	CM15-0020022		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	11/27/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 64 year old female, who sustained an industrial injury on 11/27/2010. She has reported subsequent neck pain and was diagnosed with degenerative disk disease of the cervical spine with myelopathy, cervical stenosis and cervical spondylosis. Treatment to date has included oral pain medication, an epidural steroid injection and physical therapy. In a progress note dated 10/13/2014, the injured worker complained of continued posterior cervical spine pain that was rated as 7/10 associated with migraine headaches. There were no abnormal objective physical examination findings of the cervical spine documented. The physician noted that a request was made to proceed with spine surgery with 4 level anterior cervical discectomy and fusion. A request for authorization was submitted. On 01/09/2015, Utilization Review non-certified a request for C3-C4, C4-C5, C5-C6 and C6-C7 anterior cervical discectomy and fusion, noting that physiologic evidence of specific nerve root or spinal cord dysfunction that would warrant operative intervention was not submitted. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-4 C4-5 C5-6 C6-7 Anterior Cervical Discectomy Fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 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 exam of 10/13/14. The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is non-certified.