

<b>Case Number:</b>	CM15-0217363		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	08/20/2015
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Minnesota, Florida  
 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 58 year old male, who sustained an industrial injury on 8-20-15. The injured worker is diagnosed with cervical spondylosis with radiculopathy and post concussive syndrome, headaches post concussive and cervicogenic, disequilibrium, tinnitus (right ear with decreased hearing), photophobia, cognitive behavioral changes and dysomia-anosmia. His work status is modified duty; however the employer was unable to accommodate this. Notes dated 8-31-15, 9-14-15, 9-21-15 and 9-24-15 reveals the injured worker presented with complaints of numbness in his left middle finger, headaches (1 described as squeezing and pounding and 1 that goes up the back of his head and radiates pain down the left arm) and constant neck and left side trapezius muscles pain described as tiredness and rated at 3-9 out of 10. The pain is not increased by any activity or motion and is decreased with neck movement and medications. He reports constant left shoulder pain described as tiredness and is associated with tingling, numbness and weakness and rated at 3-7 out of 10. The pain is improved with movement and medication. Physical examinations dated 8-20-15, 9-14-15 and 9-24-15 revealed decreased cervical spine range of motion (75-90% of normal), traction provides partial relief and there is decreased sensation in the C7 distribution. The Spurling's sign is positive and there is mild guarding observed during cervical examination. Examination of the bilateral shoulders and wrists reveals full range of motion and no tenderness to palpation. Treatment to date has included medication and pain management. Diagnostic studies include upper extremity electrodiagnostic studies dated 9-10-15, which revealed evidence of acute left C5 and C6 radiculopathy with evidence of denervation; cervical spine MRI dated 8-27-15 revealed C6-C7

small central protrusion with degenerative spurring resulting in severe bilateral foraminal stenosis and mild central canal stenosis, C5-C6 left paracentral protrusion and degenerative spurring, moderate to severe proximal left foraminal stenosis with moderate narrowing of the right neural foramen and central canal and C3-C4 moderate to severe right foraminal stenosis with mild central canal stenosis, mild to moderate right lateral recess stenosis; brain CT scan and MRI. A request for authorization for anterior cervical discectomy and fusion C5-C7-MIS PSF with DTRAX is denied, per Utilization Review letter dated 10-1-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Anterior cervical discectomy and fusion C5-7/MIS PSF with DTRAX: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck.

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

**Decision rationale:** The documentation submitted does not indicate exhaustion of conservative therapy prior to the requested surgical procedure. The guidelines necessitate a comprehensive non-operative treatment program with trial/failure prior to surgical considerations. No physical therapy or injections have been documented. As such, the request for anterior cervical discectomy and fusion at C5-C7 and minimally invasive spine surgery-posterior spinal fusion with DTRAX facet system is not supported and the request is not medically necessary and has not been substantiated.