

<b>Case Number:</b>	CM13-0009600		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old gentleman who sustained injuries to the cervical and lumbar spine, right shoulder, and left upper extremity on 03/02/12. Specific to the neck, the claimant's clinical records include an orthopedic assessment of 06/17/13 from provider [REDACTED] indicating continued complaints of neck pain, chronic headaches, and shoulder blade tension. It states that the claimant has failed conservative care that has included physical therapy, pain management assessment, medication management, and injections. His physical examination showed the cervical spine to be with tenderness to palpation, vertebral muscle spasm, and generalized weakness and numbness to the hands and upper extremities in a C5 through C7 dermatomal distribution. At that time, the claimant was diagnosed with cervical discopathy. Formal imaging to the cervical spine is not available for review. It is documented that prior radiographs demonstrated disc spondylosis and collapse from C5 through C7 with prior electrodiagnostic studies documented from 05/09/12 to show bilateral carpal tunnel syndrome, but no radicular findings. There was no further documentation of cervical imaging otherwise. At the time of the last assessment, [REDACTED] recommended a C4 through C7 anterior cervical discectomy and fusion with hardware.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4 to C7 Anterior Cervical Discectomy with implantation of hardware and realignment:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary last updated 05/14/2013

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 and 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp, 18th Edition, 2013: Neck Procedure - Fusion, anterior cervical; and the ODG Indications for Surgery - Discectomy/laminectomy (excluding fractures) and Cervical Fusion, Anterior.

**Decision rationale:** Based on California MTUS Guidelines and supported by Official Disability Guideline criteria, the role of the requested three-level anterior cervical discectomy and fusion cannot be supported. Formal imaging reports were not available to support compressive pathology at the three requested cervical levels. This is taking into account the claimant's electrodiagnostic studies available for review that failed to demonstrate any level of a cervical radicular process. The absence of clinical correlation between the claimant's exam findings and imaging demonstrating nerve root compression would fail to demonstrate any degree of medical necessity for the requested cervical surgical procedure at this stage in the claimant's clinical course of care.