

<b>Case Number:</b>	CM14-0123829		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/23/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/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 injured worker is a 45-year-old female who reported an injury on 08/23/2003 after a heavy object fell on the injured worker's neck. The injured worker reportedly sustained an injury to her neck and head. The injured worker's treatment history included medications, physical therapy, and epidural steroid injections. The injured worker was evaluated on 06/05/2014. The injured worker's medications included Fioricet, Ultracet, Flexeril, and Nucynta. Physical examination findings included restricted range of motion secondary to pain with tenderness over the occipital area consistent with cervicogenic headaches. The injured worker had decreased grip strength on the right side. It was noted that the injured worker had undergone a cervical MRI on 10/17/2013 that documented a small disc protrusion at C4-5. It was also noted that the injured worker underwent an electrodiagnostic study that documented there was evidence of chronic bilateral C5-6 radiculopathy. The injured worker's diagnoses included cervical disc disease, cervical radiculitis, and headache without migraine. A request was made for anterior cervical discectomy and fusion at C4-5 and C5-6 with cages and plates. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy fusion at C4-5 and C5-6 with cages and plate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212..

**Decision rationale:** The requested anterior cervical discectomy fusion at C4-5 and C5-6 with cages and plate is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for documented instability with significant radicular physical examination findings that have failed to respond to conservative treatment. The clinical documentation submitted for review did not provide any evidence of significant radicular findings to support the need for a fusion surgery. Additionally, there was no documentation of an imaging study to support that the injured worker had instability that would require stabilization. It was noted within the submitted clinical note, dated 06/05/2014, that the injured worker had undergone a cervical MRI and electrodiagnostic study. However, an independent evaluation and report of those studies was not provided for review. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to spinal surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone any type of psychological assessment determine that they are an appropriate candidate for multilevel fusion. As such, the requested anterior cervical discectomy fusion at C4-5 and C5-6 with cages and plate is not medically necessary or appropriate.

**Inpatient stay for three (3) days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version: Neck & Upper Back and Low Back Chapters/Hospital length of stay (LOS) guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics (<http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013)) Role of the First Assistant

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**History and Physical:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre-op lab work:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Electrocardiogram (EKG):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Plain cervical x-rays:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 209-212.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.