

<b>Case Number:</b>	CM14-0126168		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Family Medicine 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 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 64 year old female who reported an injury to her cervical region on 12/15/11. The clinical note dated 02/20/13 indicates the injured worker complaining of cervical region pain. Upon exam, the injured worker was able to demonstrate 40 degrees of cervical flexion, 40 degrees of extension, and 20 degrees of bilateral side flexion. Tingling was identified in both hands, left greater than right. The clinical note dated 04/23/13 indicates the injured worker stating the initial injury occurred on 12/15/11 when she twisted abruptly to avoid bumping into a student who was behind her. The injured worker reported immediate right knee and cervical region pain. There is an indication the injured worker had undergone an MRI of the cervical spine in April of 2012 which revealed a disc osteophyte complex at C6-7 as well as mild bilateral foraminal narrowing. A mild disc osteophyte complex was also identified at C5-6 causing partial effacement of the ventral thecal sac. Moderate to severe right and moderate left neuroforaminal narrowing was also identified along with uncovertebral spurring and facet arthrosis. The injured worker was identified as having a positive Spurling's sign. Range of motion deficits were identified throughout the cervical region. Decreased sensation was identified at the right C7 distribution. 4/5 strength was identified at the right triceps and wrist flexors. The operative note dated 01/16/13 indicates the injured worker undergoing an epidural steroid injection on the left at C5-6 and C6-7. The operative note dated 06/24/13 indicates the injured worker undergoing an ACDF at C6-7. The clinical note dated 08/23/13 indicates the injured worker presenting for a follow up regarding the surgical procedure. The injured worker reported a constant ache in the neck and across the top of both shoulders. There is an indication the injured worker did demonstrate an improvement with her neck pain following the surgery but she was continuing with complaints of an aching sensation. Range of motion limitations continued throughout the cervical region.

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

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

### **REDO ANTERIOR CERVICAL DISCECTOMY AND FUSION, C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-80.

**Decision rationale:** The request for a redo of the anterior cervical discectomy and fusion at C5-6 is not recommended. The documentation indicates the injured worker complaining of ongoing achiness at the cervical region despite a previous surgical intervention. An ACDF is indicated in the cervical region provided the injured worker meets specific criteria to include the injured worker has completed a full course of conservative treatments. No information was submitted regarding the injured worker's recent completion of any conservative treatments to include therapeutic interventions as well as injection therapy. Given these factors, the request is not indicated as medically necessary.