

<b>Case Number:</b>	CM14-0133766		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Surgery and is licensed to practice in New York. 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:

This case involves an injured worker who sustained an injured and has chronic neck pain. An MRI of the cervical spine from February 2014, revealed a grade 1 anterolisthesis of C6 on C7 as well as possible foraminal stenosis on the right at C5-6 and C6-7. On physical examination the patient has a normal neurologic examination the upper extremities. There is tenderness to palpation of the trapezius muscle with decreased range of motion of the cervical spine. Treatments have included medications and exercises. Under review is a request for cervical surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy & fusion C5-C6 and C6-C7 with instrumentation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter page 186

**Decision rationale:** This patient does not meet established criteria for multilevel cervical decompression and fusion surgery. Specifically the physical examination does not document

radiculopathy or myelopathy. There is no clear correlation between MRI imaging studies and physical examination. MRI imaging studies did not show significant compression or instability. There are no red flag indicators for spinal decompression fusion surgery such as fracture, tumor, or progressive neurologic deficit. Therefore, this request is not medically necessary.

**Pre-op labs/clearance (complete blood count (CBC), partial thromboplastin time (PTT), prothrombin time (PT), urinalysis (UA), electrocardiogram (EKG), chest x-ray (CXR), and comprehensive metabolic panel (CMP): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Inpatient hospital stay one day: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.