

<b>Case Number:</b>	CM14-0139561		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 46-year-old female who reported an injury on 11/09/2010 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine. The injured worker was conservative treated with physical therapy, medications, radiofrequency ablation, and a functional restoration program. The injured worker underwent an MRI on 06/23/2014 that documented the injured worker had a C5-6 disc herniation indenting on the thecal sac and a disc protrusion at the C4-5 causing narrowing of the left neural foramen. The injured worker evaluated on 08/18/2014. Objective findings included limited cervical spine range of motion secondary to pain with a positive left sided Spurling's test and 4+/5 right biceps motor strength, and 5-/5 wrist extensor strength. It was noted that the injured worker had diminished sensation in the C5-6 dermatomal distribution on the left side with trace left biceps and left brachialis deep tendon reflexes. The injured worker's treatment plan included anterior cervical discectomy and fusion at the C4-5 and C5-6. A Request for Authorization form to support the request was submitted on 08/20/2014.

### 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 C4-5, C5-6 Cage(s): 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): 179-180.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends fusion surgery for patients with significant instability identified upon an imaging study and corroborated by physical findings. The clinical documentation submitted for review does not provide any evidence that the injured worker has any type of cervical instability. Therefore, fusion surgery would not be supported in this clinical situation. The American College of Occupational and Environmental Medicine do recommend decompression of impinged nerve roots. The clinical documentation submitted for review does indicate that the injured worker has significant radicular symptoms consistent with pathology identified on an imaging study. Therefore, a cervical discectomy would be supported in this clinical situation. However, as both components of the request are not supported, the request as a whole would not be indicated in this clinical situation. As such, the requested Anterior Cervical Discectomy and Fusion C4-5, C5-6 Cage(s) is not medically necessary or appropriate.

**Inpatient Hospital Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 11th Edition 2013 Neck and Upper Back Hospital Length of Stay

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** As the primary service is not supported, this associated service is also not supported.