

<b>Case Number:</b>	CM14-0139738		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/05/2014
<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 Neurological 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 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 records, presented for review, indicate that this 54-year-old male was reportedly injured on 10/17/2012. The mechanism of injury was noted as repetitive activity. The most recent progress note, dated 7/22/2014, indicated that there were ongoing complaints of neck pain that radiated in the bilateral upper extremities. The physical examination demonstrated cervical spine positive tenderness to palpation along the paraspinal musculature. Range of motion was with stiffness and pain. There was positive Spurling's sign. Decreased right upper extremity muscle strength was 4/5. Reflexes were 1+ and sensory exam unremarkable. No recent diagnostic studies are available for review. Previous treatment included medial branch block, cervical epidural steroid injections, medications, physical therapy, chiropractic care, acupuncture, and conservative treatment. A request had been made for preoperative medical clearance, anterior cervical discectomy/fusion at level C5-C6 and was not certified in the pre-authorization process on 8/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 Anterior cervical discectomy/fusion QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180-181.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), Cervical and Thoracic Spine Disorders. Clinical Measures: Surgical Considerations-Spinal Fusion (electronically cited)

**Decision rationale:** ACOEM guidelines state cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression and who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. After review of the medical records provided, it is noted the injured worker does have complaints of neck pain, and mild weakness rated 4/5 in the right upper extremity. However, there was no documentation of radiculopathy on physical examination, nor was there a recent diagnostic study for review. Therefore, the request for the surgical procedure is deemed not medically necessary at this time.

**Pre-operative medical clearance QTY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**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: The Merck Manual. Preoperative Evaluation: Care of the Surgical Patient.

**Decision rationale:** CA MTUS and ODG guidelines do not specifically address this issue; therefore, alternative medical references were used for citation. Routine preoperative evaluation varies substantially from patient to patient, depending on the patient's age, general health, and risks of the procedure. After review of the medical records provided, the injured worker's request for surgery has not been approved at this time. Therefore, this request for preoperative medical clearance is deemed not medically necessary.