

<b>Case Number:</b>	CM14-0144615		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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 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:

65 year old male claimant with an industrial injury dated 05/03/10. Exam note 02/06/14 states the patient returns with low back pain that is radiating down the left leg. The patient states that the pain is affecting his quality of sleep and is resulting to depression. The patient is status post a cervical ESI injection as of 01/07/14; in which did not result in any pain relief. MRI cervical spine 11/27/13 demonstrates moderate spinal canal narrowing at C5/6 and C6/7. Upon physical exam the patient does not use any assistive devices, and appears depressed in mild pain. The patient demonstrated a restricted range of motion of the lumbar spine with flexion limited to 25', extension limited to 10', right lateral bending limited to 20', left lateral bending limited to 30', lateral rotation limited to 40' to the left and 35' to the right. The paravertebral muscles had evidence of tenderness and spasms on the right side. The Spurling's test caused pain in the muscles of the neck and radiating to the upper extremity. The biceps reflex is a 2/4 on both sides, and the triceps reflex is on both sides. There was tenderness to palpation over the medial epicondyle surrounding the elbow. The Tinel's sign test was positive and there was a bilateral scar evident from cubital tunnel release. Diagnosis includes cervical radiculopathy, lumbar radiculopathy, low back pain, cervical pain, carpal tunnel syndrome, and ulnar neuropathy. Treatment includes continuing medications, and an anterior discectomy and instrumented arthrodesis. No attached notes from the requesting surgeon are noted in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6, C6-7 Anterior Discectomy and instrumented arthrodesis with assist: Upheld**

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

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

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is evidence of significant nerve root compromise on the MRI from 11/27/13. The requesting surgeon's exam is not found in the records. There is no documentation of correlating exam findings in the records submitted with the MRI. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary and appropriate.