

<b>Case Number:</b>	CM14-0150388		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Orthopedic Spine Surgery 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 54-year-old female who reported injury on 04/24/2013. The mechanism of injury was a motor vehicle accident. The injured worker underwent an epidural steroid injection on 06/30/2014. The documentation of 07/14/2014 revealed the injured worker had discomfort in her neck. The physician opined the injured worker would need an anterior cervical discectomy and fusion at C5-6 and C6-7. The physician documented the injured worker had clear radicular pain and had failed all conservative treatment. The injections helped but only gave transient relief. The physician further documented the injured worker had disc desiccation, disc degeneration, and herniated discs at C5-6 and C6-7. Additionally, the physician documented the injured worker had neural foraminal stenosis on x-rays and MRI at that level. The physical examination revealed the injured worker had 60% decreased range of motion in extension and rotation. The injured worker had a positive shoulder abduction test. The injured worker had decreased sensation in the C6 and C7 nerve root distribution. There was no C6 or C7 reflex. There was a little weakness of the biceps. There was give way weakness secondary to pain with clear decreased sensation. The impression included disc degeneration cervical spine, cervical radiculopathy, 2 level disc degeneration, and kyphosis, not progressing, with failure of conservative treatment including nonsteroidal anti-inflammatory medications, narcotics, activity modification, traction, and physical therapy. The treatment plan included a cervical decompression, discectomy, and fusion at C5-6. There is a detailed Request for Authorization submitted for review dated 07/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical decompression/discectomy fusion at C5-6, C6-7: 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 Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review documented the injured worker had findings at C6-7. There was a lack of documentation indicating findings at C5-6. There was no MRI or electrophysiological evidence submitted for review. There was documentation the injured worker failed conservative treatment. If the surgical intervention was approved, it would create a necessity for a fusion. However, as the surgical intervention was found to be not medically necessary, a fusion would not be medically necessary. Given the above, the request for anterior cervical decompression/discectomy fusion at C5-6, C6-7 is not medically necessary.

**Assistant surgeon:** 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.

**2-3 day inpatient stay:** 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.

**Pre-operative clearance (pre op labs: CMP, PT, PTT, CEC, UA, EKG, chest X-rays) with in house MD along with post op hospital visits:** 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.

**Cervical hard collar:** 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.

**Cervical soft collar:** 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.

**Post op in home physical therapy 2 x 4:** 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.

**Post op outpatient physical therapy 2 x 4:** 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.

**RN evaluation for wound check with possible home health aide services 2-3 hours a day 2-3 times a week x 4 weeks:** 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.