

<b>Case Number:</b>	CM14-0168257		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

This is a 58-year-old gentleman who was diagnosed with low back and neck pain following a work-related injury on 12/08/10. The medical records provided for review specific to the claimant's neck included the 08/07/14 progress report describing neck pain with bilateral hand and wrist complaints. Physical examination on that date showed decreased biceps and wrist extensor strength, cervical tenderness to palpation and diminished reflexes; the specific reflexes that were diminished were not documented. There was positive Tinel's testing at the wrist resulting in median nerve sensory change. The progress report documented that the claimant had undergone prior carpal tunnel surgery and had residual symptoms. It was documented that the claimant had failed conservative care for his neck symptoms and the recommendation was made for a two-level anterior cervical discectomy and fusion at the C5-6 and C6-7 levels. The medical records did not include any reports of formal imaging of the cervical spine. The treating provider documented that an MRI scan dated 01/31/11 showed foraminal encroachment at the C5-6 level described as moderate to severe on the left with disc osteophyte complex and a moderate right and mild left neural foraminal encroachment at C6-7. The treating provider also documented that an electrodiagnostic report dated 07/18/11 revealed bilateral carpal tunnel syndrome but no evidence of radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: C5-C6 and C6-C7 anterior cervical discectomy and fusion with instrumentation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Chapter- Criteria for Cervical Fusion

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** Based on the California ACOEM Guidelines, the request for a two-level anterior cervical discectomy and fusion at C5-6 and C6-7 would not be indicated. The medical records do not document clinical correlation between the results of imaging findings and the claimant's physical examination to support the need for a cervical fusion. There is no formal MRI report available for review and the documentation by the treating physician of the MRI scan from 2011 does not identify significant compressive pathology, particularly at the C6-7 level. This is taking into account the claimant's underlying diagnosis of residual carpal tunnel syndrome and the electrodiagnostic evidence that fail to show any evidence of radiculopathy. Without a clear clinical picture of acute radiculopathy and symptoms consistent with the C5-6 and C6-7 levels, the request for a two-level fusion procedure is not recommended as medically necessary.