

<b>Case Number:</b>	CM14-0168874		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/30/2014
<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:

The injured worker is a 65 year old male who sustained an injury on 08/24/11. No specific mechanism of injury was noted. The injured worker had been followed for complaints of pain in the cervical region radiating to the upper extremities with associated numbness and tingling that was severe. This had not improved with chiropractic therapy, acupuncture and medications. The requested anterior cervical discectomy and fusion from C4-7 with an assistant surgeon and pre-operative medical clearance was denied on 09/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Anterior Cervical Decompression and Fusion at C4-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 08/04/2014) Indications for surgery Discectomy/laminectomy (excluding fractures)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** In review of the clinical documentation provided, the requested anterior cervical discectomy and fusion at C4-7 would not be supported as medically necessary per

current evidence based guideline recommendations. The clinical documentation provided for review consisted of chiropractic therapy and acupuncture treatment notes. There was no documentation regarding any neurological evaluations or any imaging of the cervical spine noting any particular pathology from C4-7 that would support the proposed procedures as outlined by current evidence based guidelines which indicate that there should be evidence of pathology contributing to nerve compromise and neurological findings on physical exam. Due to the lack of any objective findings to support the surgical request, the request for an Anterior Cervical Decompression and Fusion at C4-7 is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 8/22/2014)

**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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.guideline.gov](http://www.guideline.gov) Institute for clinical systems improvement 1997 September (revised 2012 Jul)

**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.