

<b>Case Number:</b>	CM14-0084852		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Spine Surgery and is licensed to practice in New Jersey. 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 patient is a 53-year-old female with a date of injury of March 8, 2013. The patient has chronic low back pain chronic neck pain. MRI the cervical spine shows degenerative disc condition at C4-5 through C6-7. The patient had epidural steroid injections. On physical examination the patient has a painful range of motion of the neck. There is numbness extending down to the elbow and middle finger. The patient has worsening pain with any physical activity. Spurling's test is positive. There is diminished sensation over her left C7 dermatome. Left triceps strength is 4-5. Patient has failed physical therapy and epidural steroid injections. At issue is whether ACDF at C4-5 is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient: Anterior Cervical Discectomy and Fusion at the C4-C5 Level:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS neck pain chapter, page 186

**Decision rationale:** The patient does not meet established criteria for C4-5 ACDF (Anterior Cervical Discectomy and Fusion). Specifically the MRI shows the patient has multiple levels of cervical disc degeneration. There is no clear correlation between MRI imaging study showing specific compression of the nerve root and physical examination showing documented isolated radiculopathy. There is no evidence of fracture, instability, or tumor. Criteria for cervical decompression and fusion surgery not met. Cervical decompression fusion surgery at C4-5 is not medically necessary in this patient with multiple levels of degenerative disc condition. Therefore, Inpatient: Anterior Cervical Discectomy and Fusion at the C4-C5 Level is not medically necessary.