

<b>Case Number:</b>	CM14-0211682		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Neurological Surgery

### 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 39-year-old female who reported an injury on 01/13/2013, due to cumulative trauma. On 09/05/2014 the patient presented with neck pain, stiffness, bilateral shoulder pain and numbness to the left arm. Current medications included ibuprofen and Motrin. Previous treatments included physical therapy and chiropractic traction. Examination of the cervical spine revealed active range of motion within normal limits, except for flexion, minimally restricted with pain at the end range and rotation to the left moderately restricted, and right rotation minimally restricted. There was 5/5 strength in the bilateral upper extremities from C5 to T1, with 4/5 strength in the left biceps and triceps, and left wrist extensor. An x-ray of the cervical spine performed on 06/16/2014, revealed loss of cervical lordosis. There was also a collapse of the C5-6 disc space, with posterior osteophyte. There was an anterior osteophyte at the C6-7 level. The diagnosis was C5-6 disc herniation. The provider recommended a C5-6 anterior cervical discectomy and C5-6 instrumented fusion. A Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6 anterior cervical discectomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The request for a C5-6 anterior cervical discectomy is not medically necessary. The California MTUS state that surgical intervention is not recommended except in cases of severe spinal vertebral pathology, or severe debilitating symptoms with physiologic evidence of a specific nerve root, or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. There was a lack of documentation of official imaging studies submitted for review. There is no evidence of severe debilitating symptoms with physiologic evidence of a specific nerve root or spinal cord dysfunction. Additionally, there is lack of functional deficit noted on physical exam. As such, medical necessity has not been established.

**C5-6 instrumented fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The request for a C5-6 instrumented fusion is not medically necessary. The California MTUS state that a spinal fusion is not recommended except in cases of trauma, related spinal fracture, or dislocation. Fusion of the spine is not usually considered for the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression of the level of degenerative spondylolisthesis may be a candidate for fusion. There is no scientific evidence of long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylolisthesis compared with natural history, placebo, or conservative treatment. There is no instability noted on physical examination, no evidence of activity limitation or progressing lower leg symptoms, or objective signs of nerve compromise. As such, medical necessity has not been established.

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examination and Consultations, page 127

**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.

**Inpatient hospital stay (in days):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 19th edition(2014 web) Cervical Spine- Hospital Length of Stay (LOS)

**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.