

<b>Case Number:</b>	CM14-0212387		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Texas  
 Certification(s)/Specialty: Orthopedic 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 52-year-old male who reported an injury on 04/05/2011. The mechanism of injury was not provided. On 12/11/2014, the patient presented with neck and arm pain. Upon examination of the cervical spine, there was tenderness noted, and pain with range of motion. Patient sensation was grossly intact to the upper extremities. Diagnoses were cervical radiculopathy, abnormal gait, failed back syndrome of the lumbar spine, and fibromyalgia/myositis. Current medications included Norco. The provider recommended an anterior cervical discectomy and fusion at the C4-5 and C5-6. The 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:

#### **Anterior Cervical Discectomy & Fusion at C4-C5, C5-C6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) Neck and Upper Back ; Fusion, Anterior Cervical

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

**Decision rationale:** The request for an anterior cervical discectomy and fusion at C4-5 and C5-6 is not medically necessary. The CA MTUS/ACOEM Guidelines state that consideration for surgery is indicated if there is evidence of severe spinal vertebral pathology. There should be severe debilitating symptoms with physiologic evidence of a specific nerve root or spinal cord dysfunction, corroborated with appropriate imaging studies that did not respond to conservative therapy. Additionally, the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The documentation submitted for review indicated that the patient had limited range of motion with pain, and numbness, and tingling in the bilateral hands, with pain shooting down into the C5-6 distribution bilaterally. There were no official studies submitted for review. Additionally, there was no documentation of cervical instability. The patient's medication regimen provided the injured worker with relief of pain and the ability to function. As such, surgical intervention would not be indicated. The request for anterior cervical discectomy and fusion at C4-5 and C5-6 is not medically necessary.

**Associated Surgical Service: Facility - Inpatient 2 Day Stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) Neck and Upper Back ; Fusion, Anterior Cervical, 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.

**Associated Surgical Service: Pre-Op Clearance to include Labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) Neck and Upper Back ; Fusion, Anterior Cervical, Low Back Chapter; Preoperative Lab Testing

**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.

**Associated Surgical Service: Electrocardiography (EKG):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Treatment Index, 12th Edition (web) Neck and Upper Back ; Fusion, Anterior Cervical, Low Back Chapter, Preoperative Electrocardiogram (ECG)

**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.

**Associated Surgical Service: Chest X-Rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) Neck and Upper Back ; Fusion, Anterior Cervical, Low Back Chapter; Preoperative Testing, general

**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.

**Associated Surgical Service: Cervical Collar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) Neck and Upper Back ; Fusion, Anterior Cervical, Collars (cervical)

**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.

**Associated Surgical Service: Bone Growth Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) Neck and Upper Back ; Fusion, Anterior Cervical, Bone-Growth Stimulators (BGS)

**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.