

<b>Case Number:</b>	CM15-0014285		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 61-year-old female who reported injury on 06/29/2010. The mechanism of injury was cumulative trauma. The injured worker was noted to undergo an L4-5 XLIF on 02/19/2013. There was a Request for Authorization submitted for review dated 01/15/2015. The documentation of 01/15/2015 revealed the injured worker had pain in the neck. The pain was 7/10 without medications and 4/10 with medications. The injured worker stated she felt she had a knife in her neck. The physical examination revealed weakness and numbness bilaterally at C6. Cervical range of motion was decreased. There were positive Spurling's bilaterally and equivocal Lhermitte's. The injured worker was noted to have an MRI of the cervical spine most recently on 09/04/2013, which revealed a herniated nucleus pulposus at C5-6 and a disc bulge at C4-5. The injured worker's most recent x-rays were noted to be on 10/05/2012, which revealed C5-6 spondylosis. Diagnoses included disc herniation C5-6 with neurological deficits. Prior therapies included physical therapy, chiropractic care, acupuncture, injections, and medications. Psychotherapy was noted to be recommended. The documentation indicated the injured worker had not undergone psychotherapy. The injured worker was a nonsmoker. The documentation of 07/09/2014 revealed the injured worker needed to have disability management and receive 12 to 16 sessions of individual psychotherapy. The MRI that was submitted for review was dated 07/03/2012, and it revealed compared to the prior examination the C5-6 disc desiccation with the left posterolateral inferior disc/osteophyte complex created left paracentral posterolateral neural foraminal narrowing that was stable in appearance when compared to the prior study. The central canal showed no decrease in size and the spinal cord signal was normal at this level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical discectomy fusion C 5/8 with allograft, cage, plate:** 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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker had failed conservative care. There was documentation the injured worker had clear clinical signs to support the necessity for intervention. However, there was a lack of documentation of electrophysiologic evidence to support the clinical findings. The imaging that was provided for review was dated 2012 and involved the discs C5-6 and did not involve C7-8. As such, there was a lack of documentation indicating a necessity for the requested treatment at all levels. Additionally, there was a lack of documentation of instability upon flexion and extension studies. Given the above, the request for anterior cervical discectomy and fusion C5-8 with allograft, cage, plate is not medically necessary.

**Associated Surgical Service 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 Chapter

**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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

**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 Cold Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

**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.