

<b>Case Number:</b>	CM15-0112515		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: New York  
 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 59 year old male, who sustained an industrial injury on 06/02/2009. He has reported subsequent neck pain radiating to the arm and was diagnosed with carpal tunnel syndrome, cervical stenosis, cervical radiculopathy and spondylosis. Treatment to date has included medication, physical therapy, chiropractic treatment, acupuncture and epidural injection. In a progress note dated 05/14/2015, the injured worker complained of ongoing neck pain radiating down the arm as well as lower back pain. Objective findings were notable for pain with range of motion, tenderness to palpation and decreased sensation in the left at C7. The physician noted that the injured worker had failed a course of conservative treatment for pain and that surgery was recommended. A request for authorization of anterior cervical discectomy & fusion at C6-C7, assistant surgeon, 2 day inpatient stay (at [REDACTED]) and medical clearance with an internal medicine specialist was submitted.

### 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 C6-7: 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 & Upper Back (Acute & Chronic): Fusion, anterior cervical (2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The patient's MRI scan referenced was obtained in 2009 which is not prudent proximal evidence to support requested treatment. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the request for anterior cervical discectomy & fusion at C6-7 is not medically necessary and appropriate.

**Associated surgical service: 2 day inpatient stay (at [REDACTED]):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: medical clearance with an internal medicine specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

