

<b>Case Number:</b>	CM15-0114604		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: California, Indiana, Oregon  
 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 53 year old female, who sustained an industrial injury on 7/27/12. She reported pain in the right knee, low back, right foot, and left thigh. The injured worker was diagnosed as having cervical radiculopathy and cervical spondylosis. Treatment to date has included physical therapy, epidural injections, and medication. A cervical MRI obtained on 7/28/14 revealed multiple levels of posterior bony spurring and no disc protrusion or any significant neural compromise. Currently, the injured worker complains of neck pain, right sided chest pain, and shoulder and arm pain with numbness into the thumb, second, and third digits. The treating physician requested authorization for IPSX inpatient anterior cervical discectomy and fusion at C5-6 and C6-7 with 2 days stay and XTS intraoperative neuromonitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IPSX inpatient anterior cervical discectomy and fusion (ACDF) C5-6, C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of correlating nerve root compromise from the MRI of 7/28/14. Based on this the request is not medically necessary.

**Associated surgical services: XTS intraoperative neuromonitoring:** 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 services: 2 days stay:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.