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| <b>Case Number:</b>   | CM15-0027736 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 11/12/2013 |
| <b>Decision Date:</b> | 05/07/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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: Oregon, 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 41-year-old male who reported an injury on 11/12/2013. The injured worker was reportedly struck by several boxes weighing 45 to 50 pounds. At the time, the injured worker was bending forward, and once he was struck, he fell face forward and hit his head on a metal pole. The current diagnoses include displacement of cervical intervertebral disc without myelopathy, cervicalgia, and degeneration of cervical intervertebral disc. The injured worker presented on 01/08/2015 for a follow-up evaluation with complaints of severe neck pain with upper extremity numbness, weakness, and tingling. Upon examination, there was diminished sensation in the C5 and C6 dermatomal distributions bilaterally, 4/5 motor weakness, 1+ deep tendon reflexes, pain on all ranges of motion, and positive maximum foraminal compression testing. Recommendations at that time included an anterior cervical discectomy with spinal cord decompression and fusion at C4-5 and C5-6. A Request for Authorization form was then submitted on 01/27/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Cervical Discectomy C4-5 and C5-6 with Spinal Cord Decompression & Fusion:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Neck and Upper Back Chapter, Fusion, Anterior Cervical.

**MAXIMUS 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) Neck & Upper Back Chapter, Fusion, Anterior Cervical.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines recommend anterior cervical fusion for spondylotic radiculopathy when there are significant symptoms that correlate with physical exam findings and imaging reports, persistent or progressive radicular pain or weakness secondary to nerve root compression, and at least 8 weeks of conservative therapy. In this case, it is noted that the injured worker has imaging evidence of cervical disc bulging without central stenosis or foraminal narrowing. However, there was no documentation of spinal instability upon flexion and extension view radiographs. There was also no mention of an exhaustion of recent conservative management. Given the above, the injured worker does not meet criteria as outlined by the above-mentioned guidelines. As such, the request is not medically appropriate at this time.

**Pre-Operative Medical Work-Up:** 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.

**Rigid Cervical Collar (purchase):** 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.

**Post-Operative Aquatic Therapy (18-sessions, 3 times a week for 6 weeks):** 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.

**Length of Stay (2-3 days):** 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.