

<b>Case Number:</b>	CM15-0034974		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 55-year-old female who reported injury on 01/24/2014. Her mechanism of injury was a slip and fall. Her diagnoses included cervical cord impingement and stenosis at C4-5, C5-6, and C6-7, and lumbar spinal stenosis and disc protrusion at L3-4, L4-5, and L5-S1. Her past treatments have included pain medication, work modification, epidural injection, physical therapy, and acupuncture. Diagnostic studies included cervical spinal x-rays performed 06/2014, EMG, lumbar x-rays, and MRI of the lumbar spine. Her surgical history is noncontributory. The injured worker has complaints of constant pain in the right shoulder, in her back, and neck. At times, she also has complaints of pain in her left upper extremity. On physical exam, it was noted the injured worker had increasing pain with extension and rotation on the right, creating pain in the right shoulder and the right trapezial area. She had tenderness to deep palpation of the spinous process of C5-7. She had diffuse weakness through the upper right extremity, including the right deltoid, internal and external rotators of the shoulder, biceps, triceps, and wrist extensor. Her medications included cyclobenzaprine. The treatment plan included additional neuro imaging and EMG of bilateral upper extremities. The rationale for the request was not included. The Request for Authorization form was not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C7 Anterior Cervical Discectomy Fusion Instrumentation, ICBG, with Assistant Surgeon, Cervical Spine and Spinal Cord Monitoring: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back Chapter, Discectomy-laminectomy-Laminoplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Fusion, anterior cervical.

**Decision rationale:** The request for Surgery C4-C7 anterior cervical discectomy fusion instrumentation, ICBG, with assistant surgeon, cervical spine and spinal cord monitoring is not medically necessary. The Official Disability Guidelines state criteria for cervical fusion include acute traumatic spinal injury, osteomyelitis, primary or metastatic bone tumor, cervical nerve root compression verified by diagnostic imaging, spondylotic myelopathy, spondylotic radiculopathy, or non-traumatic instability. The documentation submitted for review does not document radicular symptoms to correlate with the involved cervical levels. There was a lack of documentation of motor deficits or reflex changes or EMG findings. There is a lack of documentation regarding nerve root blocks. There is a lack of documentation of conservative care. The QME documented in the medical record indicated surgery was definitely not indicated for this patient. As for ICBG with assistant surgeon, cervical spine and cervical cord monitoring, as the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported. The request for Surgery C4-C7 anterior cervical discectomy fusion instrumentation, ICBG, with assistant surgeon, cervical spine and spinal cord monitoring is not medically necessary.

**Inpatient Hospital Stay (2-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.

**Pre-Operative Labs CBC with Diff, CMP, PT, PTT, UA, MRSA: 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.

**Pre-Operative Chest X-Ray: 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.

**Pre-Operative EKG: 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: History and Physical: 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 Aspen Cervical Brace: 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.