

<b>Case Number:</b>	CM15-0072882		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 52-year-old female who sustained an industrial injury on 7/26/11. The injured worker reported symptoms in the neck, shoulder, and back. The injured worker was diagnosed as having cervical degenerative disc disease with central and lateral canal stenosis, bilateral C6 radiculopathy, and chronic lumbar spine sprain/strain with radicular symptoms to the lower extremities. Treatments to date have included physical therapy, injections, home exercise program, oral pain medication, cognitive behavioral therapy, and antidepressants. Currently, the injured worker complains of discomfort in the neck, shoulders and back. The plan of care was for diagnostics and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 Anterior Cervical Discectomy and Fusion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The California MTUS guidelines recommend surgical consultation if the patient is having severe persistent disabling upper extremity symptoms. The documentation does not provide evidence of this. The California guidelines also recommend the presence of clear clinical, imaging and electrophysiological evidence of the presence of a lesion known to have positively responded in the short and long term from surgical repair. Documentation does not provide support of such presence. The guidelines recommend the presence of findings indicating a specific nerve root or spinal cord level of dysfunction. Documentation does not provide this evidence. Therefore, the request is not medically necessary and appropriate.

**Pre-Operative Medical Clearance (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.

**Pre-Operative Laboratories (CBC, Lytes, PT, PTT, type and screen):** 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.

**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 Urinalysis:** 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.