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| Case Number: | CM13-0009417 | | |
| Date Assigned: | 03/07/2014 | Date of Injury: | 12/22/2011 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 08/09/2013 |

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female who reported an injury on 12/22/2011 after a fall directly onto her left knee. The patient reportedly sustained an injury to her cervical spine. The patient was evaluated in 06/2013. It was documented that the patient had decreased cervical spine range of motion, diminished sensation in the left thumb index and long fingers, weakness of the left triceps/biceps, wrist extensors and flexors. The patient had decreased grip strength on the left when compared to the right. The patient's diagnoses included C5, C6, C7 spondylosis, stenosis, and left upper extremity radiculopathy in the C6-7 distribution. The patient's treatment plan included anterior cervical discectomy and fusion from the C5-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY & FUSION FROM C5 TO C7.: Upheld

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

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

Decision rationale: The requested anterior cervical discectomy and fusion from the C5-7 is not medically necessary or appropriate. The American College of Occupational and Environmental

Medicine recommend surgical intervention for patients who have physical findings deficits that would benefit from surgical intervention that are supported by an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does not clearly identify what conservative treatments the patient has failed to respond to. Although the clinical documentation does clearly identify that the patient has radicular complaints evidence of radiculopathy that would benefit from surgical intervention, there was no imaging study provided for review to support this recommendation. For the appropriateness of the request cannot be determined. As such, the requested anterior cervical discectomy and fusion from the C5-7 is not medically necessary or appropriate.