

Case Number:	CM13-0013736		
Date Assigned:	10/01/2013	Date of Injury:	06/07/2010
Decision Date:	01/17/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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:

He is a 59-year-old, gentleman who was injured in a work related accident on 06/07/10 sustaining an injury to the cervical spine. Specific to the neck, the most recent clinical assessment is from 12/05/13 with [REDACTED] which was a QME supplemental record review. He states that at that time a review of a report by [REDACTED] had recommended the claimant undergo a C5-6 anterior cervical discectomy and fusion due to degenerative changes and stenosis. He stated that a second opinion should be performed stating that it was noted that an electrodiagnostic study recently performed failed to demonstrate any cervical pathology. He also indicated that review of a recent MRI report showed disc bulging at C4-5 and 5-6 level not exceeding 3 millimeters with no evidence of extrusion or cord compression. He did not agree with the role of surgical intervention to the claimant's surgical spine at that time. Available for review was a progress report by [REDACTED] of 07/18/13 where he gave the claimant a physical examination that showed restricted range of motion at endpoints, 5/5 upper extremity motor strength bilaterally with numbness over the C6 nerve root bilaterally. He gave the claimant a diagnosis of degenerative disc disease and recommended anterior cervical discectomy and fusion at the C5-6 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical fusion at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 165, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck procedure-Fusion, anterior cervical and Indications for Surgery-Discectomy/ Laminectomy

Decision rationale: Based on California MTUS Guidelines regarding neck fusion as well as supported by Official Disability Guidelines criteria in regards to anterior cervical discectomy and fusion, surgical process cannot be supported. As stated in qualified medical examination, the claimant's electrodiagnostic studies in this case are negative for surgical findings with recent MRI scan demonstrating degenerative process at the C4-5 and 5-6 level with no indication of acute compressive findings at the C5-6 level. Guideline criteria would recommend the role of anterior cervical discectomy and fusion in the setting of supported compressive etiology on examination and imaging. The claimant's negative electrodiagnostic studies coupled with lack of compressive pathology on imaging would currently fail to necessitate the acute need of anterior cervical discectomy and fusion as requested.