

Case Number:	CM13-0014974		
Date Assigned:	10/08/2013	Date of Injury:	03/05/2009
Decision Date:	02/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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:

The patient is a 42-year-old gentleman who sustained an injury to his neck and other body parts on 03/05/09. Records for review specific to his neck injury included an 11/02/11 MRI report that showed the C4-5 level with maintained disc height, no disc bulging or protrusion, facet joint were unremarkable, and the level itself to be "unremarkable." The C5-6 level was also noted with no disc protrusion, bulging, or facet changes, also noted to be "unremarkable." The 11/07/11 electrodiagnostic studies of the upper extremities showed a normal study. Recent clinical follow up of 06/03/13 with [REDACTED] documented continued neck complaints and was noted to have failed conservative care. Physical examination showed generalized weakness and numbness of the bilateral shoulders, arms, and hands with discomfort around the spinous processes with axial loading testing. Spurling's maneuver was noted to be positive. Based on the diagnosis of cervical myalgias with radiculitis, surgery was recommended in the form of two level anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4 to C6 Anterior Cervical Discectomy with Implantation of Hardware: 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): 165,180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical

Decision rationale: Based on California ACOEM 2004 Guidelines and supported by Official Disability Guidelines criteria, the proposed two level fusion procedures would not be indicated. The claimant's clinical presentation does not include current imaging or electrodiagnostic studies that demonstrate compressive pathology at the C4-5 or C5-6 level. MRI scan provided for review was actually "unremarkable" at both levels with the electrodiagnostic studies demonstrating no evidence of acute radicular findings. When combining the results of the diagnostic studies with the claimant's vague findings on recent physical examination, the acute need of a two level surgical fusion to the cervical spine would not be indicated.