

Case Number:	CM13-0023648		
Date Assigned:	11/15/2013	Date of Injury:	06/06/2012
Decision Date:	01/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 Orthopaedic 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:

This is a 53-year-old female injured in a work-related accident on 6/6/12. Specific to the cervical spine, there is documentation of a recent note dated 7/11/13 from [REDACTED] indicating follow up of recent cervical MRI scan with significant neck and arm pain. Physical examination showed diminished reflexes of the upper extremities equally and symmetrically with positive Spurling Test and limited lumbar range of motion. Reviewed at that time was recent MRI dated 6/18/13 that showed the C5-6 level and C6-7 level to be with mild degenerative changes and disc disease resulting in mild to moderate left-sided foraminal and moderate right-sided foraminal narrowing. Based on failed conservative care and persistent symptoms, two-level anterior cervical discectomy and fusion at the C5-6 and C6-7 level was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion (ACDF) C5-6 & C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

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, Indications for Surgery, neck procedure-Fusion, anterior cervical.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the surgical process in question is not indicated. CA MTUS states, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. Not Recommended: Discectomy or fusion for nonradiating pain or in absence of evidence of nerve root compromise." The physical examination findings failed to demonstrate or correlate radicular process on examination with the claimant's current imaging findings. The records also do not indicate specific conservative modalities that have been utilized that would support the role of the acute two-level procedure in question. The surgical process as outlined would not be indicated as medically necessary.