

Case Number:	CM13-0023874		
Date Assigned:	11/15/2013	Date of Injury:	06/10/2011
Decision Date:	01/31/2014	UR Denial Date:	08/14/2013
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 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 57-year-old injured worker who sustained a cervical spine injury in a work related accident on 06/10/11. Specifically to the claimant's neck, clinical records include a 07/30/13 neurosurgical report by [REDACTED]. The claimant is with continued complaints of right sided neck pain radiating to the right shoulder and arm. It is worse with neck extension and positional changes. Physical examination findings showed a normal gait pattern with equal and symmetrical reflexes, no motor deficit to the upper extremities, and normal sensation. The claimant was diagnosed with cervical stenosis. The patient was noted to have failed conservative care including medication, activity modification, and therapy. A January 25, 2013 MRI report specific to the C5-6 level showed severe degenerative changes with a large broad based disc protrusion noting contact to the ventral surface of the cord without an abnormal cord signal. There was severe right and moderate to severe left foraminal narrowing. Given the claimant's findings, surgical intervention was recommended in the form of an 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 discectomy and fusion C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013: Neck Procedure - Fusion, Anterior Cervical.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, surgical process to the cervical spine at C5-6 would not be indicated. While records indicate continued subjective complaints of neck pain having failed conservative care, there are currently no formal recent documented objective findings that would support a radicular process at the requested surgical level. Particularly when reviewing Official Disability Guidelines, there should be "evidence of motor deficit or reflexive change, or positive electrodiagnostic studies that correlate with surgical level". The request for a anterior cervical discectomy and fusion C5-6, is not medically necessary and appropriate.