

Case Number:	CM13-0025928		
Date Assigned:	11/22/2013	Date of Injury:	10/08/2009
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 claimant is a 56-year-old female who injured his neck in a work related accident on 10/08/09. Records for review include a recent MRI report of 11/13/12 to the cervical spine showing the C5-6 level to be with paracentral extrusion with slight desiccation. There is a 2 mm protrusion with a minimal degree of spondylosis. There is abutment of the right ventral cord with moderate canal stenosis. The most recent clinical evaluation for review is a 07/30/13 assessment of [REDACTED] where the claimant described neck pain with radiating shoulder and arm pain "progressively worse". Examination showed sensation to be intact, but weakness to the hand with abduction of the digits. Review of the claimant's prior MRI scan due to persistent pain, surgical intervention in the form of anterior cervical discectomy and fusion at C5-6 was recommended for further treatment at that time. Further imaging is not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical corpectomy and fusion at C5-6: Upheld

Claims Administrator 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 Indications for surgery Neck and Upper Back Chapter.

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 Indications for surgery Neck and Upper Back Chapter.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Guidelines and supported by Official Disability Guidelines criteria, the role of surgical intervention in this case would not be indicated. The claimant's physical examination and imaging do not give a convincing picture of a radicular process at the C5-6 level. While physical examination notes "weakness to the hands," this would not primarily correlate with the claimant's C5-6 level in a distinct dermatomal pattern. Nor does the claimant's previous MRI from review of 2012 demonstrate significant compressive pathology at the C5-6 level for which surgical process would be necessary. The specific request in this case is not supported.

Medical clearance exam: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Two (2) day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.