

Case Number:	CM13-0029217		
Date Assigned:	03/17/2014	Date of Injury:	06/14/2012
Decision Date:	05/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 38-year-old individual who sustained a neck injury on June 14, 2012. Clinical records for review include an orthopedic follow-up of September 16, 2013 where the patient was with continued complaints of neck pain with radiating pain to the left upper extremity. Physical examination findings showed pain with extension of the neck and a "not very clear cut Spurling's sign". There was no further documentation of neurologic findings. The patient was diagnosed with cervical myopathy. Based on failed conservative care, a two level C5 through C7 fusion procedure was recommended for further intervention. Prior review of imaging includes an MRI report from July of 2012 showing the C5-6 level to be with a left sided disc bulge and the C6-7 level to be with a small disc bulge. Specific compressive findings at these disc levels were not noted. There was report of a November 2012 electrodiagnostic study to the upper extremity that had been performed that was noted to be normal. At present, there is a request for a two level cervical surgery procedure to include a C5 through C7 anterior cervical discectomy and fusion for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL FUSION ONE LEVEL AT C5: 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): 165,Chronic Pain Treatment Guidelines.

Decision rationale: Based on Non-MTUS ACOEM Guidelines, the requested anterior cervical discectomy and fusion at the C5 through 7 levels would not be indicated. At present, there is no current documentation of objective findings of a radicular process to correlate with the C5-6 or C6-7 level; imaging fails to demonstrate specific compressive pathology and electrodiagnostic studies that were performed were normal. The clinical findings in this case would not support a medical necessity for the requested procedure. Therefore the request is not medically necessary.

ANTERIOR CERVICAL FUSION AT C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

ANTERIOR CERVICAL FUSION, DISCECTOMY WITH DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG)-INDICATIONS FOR SURGERY-DISCECTOMY/LAMINECTOMY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

ANTERIOR CERVICAL FUSION WITH INSTRUMENTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG)-NECK & UPPER BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

ALLOGRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

LOCAL BONE AUTOGRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

BONE MORPHOGENIC PROTEIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

MICROSCOPE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.BCBSNC.COM](http://www.bcbsnc.com)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MILLIMAN CARE GUIDELINES ASSISTANT SURGEON

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.

2 DAYS INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK PROCEDURE - FUSION, ANTERIOR CERVICAL

Decision rationale: California MTUS Guidelines currently do not support the need for operative intervention. This portion of the operative procedure would thus not be indicated. Therefore the request is not medically necessary.