

Case Number:	CM13-0034649		
Date Assigned:	12/18/2013	Date of Injury:	01/25/2006
Decision Date:	03/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/15/2013

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 Medicine, 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 51-year-old forklift driver complaining of neck and radiating arm pain related to a 01/25/06 vocational injury. Electrodiagnostics demonstrated C5-6 radiculopathy. MRI documents spondylotic changes at C4-5, C5-6, and C6-7. Physical examination did not support objective radiculopathy or abnormal sensibility over the C6 dermatome. Normal motor strength and reflexes were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

anterior fusion at C4-C5, C5-C6, and C6-C7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: Based upon the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the request for Anterior Fusion at C4-C5, C5-C6, C6-C7 cannot be recommended as medically necessary. There is no evidence in the records reviewed of fracture, dislocation, complications of tumor, or infection. The surgical request for C4-5, C5-6, and C6-7, cannot be supported within the medical records as there is only radicular pathology based on EMG

(electromyogram) findings at C5-6. Due to the discrepancy of the levels requested, surgery cannot be supported. The request for an anterior fusion at C4-C5, C5-C6, and C6-C7 is not medically necessary or appropriate

A 3-day inpatient 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 or appropriate.