

Case Number:	CM13-0036790		
Date Assigned:	12/13/2013	Date of Injury:	03/13/2012
Decision Date:	02/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 New York, New Hampshire and Washington. 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 has chronic neck pain. An MRI the cervical spine from 2012 revealed cervical spondylosis with bilateral foraminal narrowing which is worse at the C5-C6 level. There is disc degeneration from C4-C6 levels. The electrodiagnostic studies from September 2012 demonstrating no evidence of cervical radiculopathy. On physical examination the patient has hyperreflexia in the upper and lower extremities, positive Hoffmann sign bilaterally and evidence of slight ataxia. Motor and sensory examinations are noted to be within normal limits. The patient has been treated with physical therapy and acupuncture. At issue is whether C4-C7 multilevel ACDF surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 anterior discectomy and fusion with plate fixation and possible additional levels:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: This patient does not meet established criteria for cervical spinal surgery. There is no evidence of severe radiculopathy on physical examination. In addition, the MRI the cervical spine does not indicate severe spinal stenosis. More importantly, is the fact that the electrophysiologic testing is reportedly normal in the upper extremities. There is no evidence of cervical radiculopathy on electrophysiologic testing. The patient has no documented evidence of instability the cervical spine. The patient has no documented red flag indicators for spinal surgery to include fracture, tumor, or worsening neurologic deficit. The established guidelines for cervical spine surgery are not met. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.