

Case Number:	CM13-0036933		
Date Assigned:	12/13/2013	Date of Injury:	10/06/2010
Decision Date:	02/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/22/2013

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, has a subspecialty in Spinal 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 54 year old female with a date of injury of 10/6/10. An exam note from 9/18/13 gives a report of severe neck pain. Physical examination demonstrates diminished sensation in left ring finger/long finger. An exam note from 11/4/13 reports a normal neurologic examination. An MRI cervical spine from 1/25/13 demonstrates mild to moderate stenosis at C5-6, and mild stenosis at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for C5-C7 anterior cervical discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The guidelines for cervical surgery for the entrapment of a single nerve root and/or multiple nerve roots require the presence of all the following criteria prior to surgery for each nerve root that has been planned for interventional: (1) There must be evidence of radicular

pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test; (2) There should be evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level; (3) An abnormal imaging (CT/myelogram and/or MRI) study must show positive findings that correlate with nerve root involvement that is found with the previous objective physical and/or diagnostic findings; (4) Etiologies of pain such as metabolic sources, non-structural radiculopathies, and/or peripheral sources should be addressed prior to cervical surgical procedures; (5) There must be evidence that the patient has received and failed at least a 6-8 week trial of conservative care. The submitted clinical documents do not support medical necessity for cervical fusion. There is no demonstration of neural compression of neural structures on the MRI of the cervical spine correlating with physical examination. There is also no evidence of cervical myelopathy. Therefore, the request is non-certified.