

Case Number:	CM13-0037092		
Date Assigned:	12/13/2013	Date of Injury:	08/06/2009
Decision Date:	02/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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:

This is a 59-year-old gentleman who injured his cervical spine specific to the C5-6 level in a work-related accident 08/06/09. There is documentation of a prior MRI from June 21, 2013 showing severe left and moderate right neural foraminal narrowing with multilevel degenerative changes noted elsewhere. Formal physical examination findings are unavailable for review, but documentation from prior reviews indicated a June 18, 2013 assessment with limited range of motion but no documentation of radicular findings. It is also noted that an electrodiagnostic study report of February 13, 2013 showed a left ulnar neuropathy but no evidence of radiculopathy. Recent treatment is unclear. A surgical request for an anterior cervical discectomy and fusion (ACDF) is now being recommended at the C5-6 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, neck procedure

Decision rationale: Based on the California ACOEM guidelines and supported by the Official Disability Guidelines, the request for anterior cervical discectomy and fusion at C5-6 cannot be supported. The records provided for review indicate the claimant has negative electrodiagnostic studies and a physical examination that fails to demonstrate a radicular cervical process. The absence of clinical correlation between objective findings on examination and a neural compressive process on testing (normal electrodiagnostic studies for review) would fail to support the medical necessity for the surgical process.