

Case Number:	CM13-0038304		
Date Assigned:	12/18/2013	Date of Injury:	10/03/2002
Decision Date:	03/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/25/2013

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 45 year old female who was injured in a work-related accident on 10/3/02 sustaining injury to the neck. The clinical records specific to the claimant's neck show chronic complaints of pain. Recent imaging includes an MRI report dated 4/15/13 showing the C5-6 level to be with moderate right and mild left neuroforaminal narrowing with no other findings at the documented level noted. There was a Grade I retrolisthesis of L3-4 and effacement of the thecal sac at C4-5 and C6-7. Recent assessment dated 9/18/13 showed the claimant to be with continued complaints of neck pain chronic in nature with radiating pain to the shoulders. Physical examination findings at that date were a positive Spurling's test with tingling to the fingertips in the bilateral hands in a non-dermatomal fashion with 5/5 motor strength to the upper extremities and healed incisions from previous bilateral carpal tunnel release procedures. Electrodiagnostic studies were reviewed that showed no evidence of radicular findings. Based on the claimant's chronic complaints of pain, a C5-6 instrumented fusion to be performed in an anterior fashion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy Fusion (ACDF) with Instrumentation C5-C6 is not: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-disability.com/odgtwclist.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013: neck procedure, Fusion, anterior cervical.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, cervical fusion at C5-6 would not be indicated. The claimant's physical examination fails to demonstrate specific compressive pathology that would correlate with the claimant's requested level of procedure. Furthermore, the claimant is with recent negative electrodiagnostic studies that did not support a radicular process. The role of the surgical process at this chronic stage in the claimant's current stage in the clinical course would not be indicated.