

Case Number:	CM13-0039491		
Date Assigned:	12/18/2013	Date of Injury:	06/28/2011
Decision Date:	03/25/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 Pennsylvania. 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 52 year old male who sustained a work-related injury on June 28, 2011. The records indicate a history of neck pain after the claimant hit a bump and struck his head on the cab of a truck. The claimant is reported to have pain radiating to both shoulders and upper arms. The MRI cervical spine was noted to show diffuse degenerative changes at multiple levels with the most significant changes C5-6 and C6-7. The claimant is reported to have moderate to severe foraminal stenosis at both levels with some degree of cord flattening at C5-6. There is mild to moderate foraminal stenosis at C3-4 and severe right sided foraminal stenosis is noted at C4-5. The electrodiagnostic studies have been negative for radiculopathy.

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 at C3-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: It is not clear if the claimant truly has symptoms or significant neurocompressive pathology from the C3-4 level. The claimant's upper extremity symptoms may

be explained by the pathology noted at C4-5, C5-6 and potentially C6-7. The claimant's absence of biceps and brachial radialis reflexes could help to reflect the pathology at those levels. It is difficult to support such an extensive four level cervical fusion given the records reviewed. A limited fusion from C4 through C7 may seem more appropriate given the information reviewed and the failure of prior conservative treatment as noted; however, there is not a provision to modify the request at this level. As such, the request is noncertified.