

Case Number:	CM13-0040964		
Date Assigned:	12/20/2013	Date of Injury:	11/05/2010
Decision Date:	03/10/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 57-year-old gentleman who sustained injury on 11/5/10 and underwent prior anterior cervical discectomy and fusion at C5-6 on 11/22/12. There is documentation of a pseudarthrosis and radicular complaints. There is a request for a posterior cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Cervical Fusion with Hardware & Bone Morphogenic Protein- Hospital: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence based medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Neck: Hospitalization, Length of Hospitalization.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. Based upon the Official Disability Guidelines, the records reviewed do not support the request for posterior fusion. The records do not mention what levels are being fused posteriorly. The use of bone morphogenic protein would not be indicated in this instance.