

Case Number:	CM13-0042116		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2010
Decision Date:	05/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 48-year-old female who was injured on 1/14/10. The clinical records specific to the claimant's neck injury indicate previous MRI of the cervical spine dated 2/1/13 showing baseline narrowing with congenital short pedicles and osteophyte disease most noted at the C2-3 through C5-6 level with underlying facet changes, spurring, and moderate left C3-4 foraminal narrowing, C4-5 and C5-6 mild to moderate foraminal narrowing bilaterally, and no other significant findings. The records indicate previous treatment including therapy, epidural injections, and medication management. The last clinical assessment dated 11/11/13 indicated that the claimant's chief complaint was that of neck pain with radiating pain to the left shoulder and upper extremity with numbness. Physical examination showed 4+/5 strength with left thumb extension and deltoid movement. There was diminished sensation in the left shoulder C6 dermatomal distribution. It indicated at that time that the claimant "needs surgical decompression and fusion." The specific level for the surgical process was not documented. The request at present is for "cervical surgery."

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE SURGERY: 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 rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, anterior cervical discectomy and fusion in this setting would not be indicated. CA MTUS states, "Not Recommended: Discectomy or fusion for nonradiating pain or in absence of evidence of nerve root compromise." First and foremost, the specific levels of the surgical process has not been documented by records for review. Secondly, there is at present no clinical correlation between neurocompressive pathology on the claimant's imaging that demonstrates chronic findings and the claimant's current physical examination. The absence of the above in the setting of the claimant's current clinical picture with no documentation of specific level of surgical process would fail to necessitate the procedure at present.