MAXIMUS Federal Services

Case Number:	CM13-0043650		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2011
Decision Date:	04/16/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/24/2013

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:

Patient reported an industrial injury on 8/1/11. A cervical MRI from 5/23/13 demonstrates mild degenerative changes within the cervical spine, most prominent at C4-5 and C6-7 without significant foraminal stenosis. Exam notes from 9/23/13 reported the patient presents with degenerative disc disease at C4-7 which causes radiculopathy. Patient has been treated with medications, physical therapy, and cervical epidural injections. Exam notes from 7/19/13 demonstrate patient complains of neck pain radiating down the upper extremities causing numbness to fingers and hands. Cervical spine pain level is an 8-9/10. Exam reveals she is tender over the cervical spine and has limited motion in the terminal one-third in all directions. According to notes previous X-rays reveal presence of degenerative disc disease at C4-5, 5-6 and 6-7 with collapse of the disc spaces and spur formation anteriorly and posteriorly. Request is for cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE (CERVICAL, THORACIC, LUMBAR)--CERVICAL DISKECTOMY, FUSION PLATINS, CASES, GRAFTING, CAPECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Neck and Upper Back.

Decision rationale: The submitted clinicals do not support medical necessity for cervical fusion. There is no demonstration of neural compression of neural structures on MRI of the cervical spine from 5/23/13. No evidence of documentation of failure of conservative management. Therefore both the ACOEM and ODG criteria are not satisfied and determination is for non-certification