

Case Number:	CM13-0045291		
Date Assigned:	12/27/2013	Date of Injury:	03/27/2007
Decision Date:	06/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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:

The patient was injured on 03/27/09 with a slip and fall injury. She has had previous anterior C4-6 fusion on 05/08/08. Reportedly an MRI from 10/03/13 showed C6-7 with ligamentum buckling resulting in moderate spinal canal stenosis to 7 millimeters and mild bilateral neuroforaminal narrowing. The physician saw the patient in follow up on 10/10/13 for complaints of neck pain radiating to the upper extremities more on the left than the right associated with numbness and tingling in the forearm and hand. She reported pain along the lateral arm and dorsal radial forearm into the second and third fingers. Sensation was decreased in the C7 dermatome on the left. Deep tendon reflexes were 2+ on the right and 3+ to the triceps. Anterior cervical discectomy and fusion with disc replacement at C6-7 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 WITH DISC REPLACEMENT AT C6-7:

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): 166, 180-183. Decision based on Non-MTUS Citation Official Disability

Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Neck and Upper Back.

Decision rationale: The CA MTUS states, "Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term" A disc replacement surgery has been recommended. It should be noted that a disc replacement surgery adjacent to a fused segment would be considered experimental and investigational. By nature, disc replacement does not have long term follow up as well and would be also experimental and investigational.

1 DAY INPATIENT STAY POST CERVICAL SURGERY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Chapter Neck and Upper Back.

Decision rationale: Adjunctive one day inpatient stay is not indicated as well as the requested procedure is not indicated based upon the records reviewed.