

Case Number:	CM13-0048174		
Date Assigned:	01/15/2014	Date of Injury:	11/15/2007
Decision Date:	05/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 patient is a 53-year-old gentleman who injured his neck in a work related accident on 01/15/07. Clinical records for review include a previous MRI from April, 2012, showing a C6-7 disc protrusion with osteophytes and spurring resulting in mild to moderate neuroforaminal narrowing. There is also evidence of C3-4 and C4-5 disc bulging with disc osteophyte complexes and facet changes. A recent clinical assessment note dated 11/25/13 indicates ongoing complaints of neck pain with reported radiation to the bilateral upper extremities. There was also concordant low back and bilateral lower extremity pain. Objective findings were only noted pertaining to the lumbar spine with no documentation of motor, sensory, or reflexive change noted to the upper extremities. Reviewed at that time was the prior cervical MRI scan. The record reflected that conservative care had been provided inclusive of medication management, injection therapy, and physical therapy. Additional clinical records were reviewed including a 10/01/13 progress report which documented an upper extremity examination showing 5/5 motor strength, equal and symmetrical deep tendon reflexes and a dermatomal sensory deficit only to the right C6 nerve distribution. The claimant is noted to be with an electrodiagnostic study showing a C6 radiculopathy. There is a current clinical request for a two level anterior cervical discectomy and fusion at the C5-6 and C6-7 level for further intervention and care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), CERVICAL BELOW C2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65.

Decision rationale: California MTUS ACOEM Guidelines would not support a medical necessity for a two level cervical fusion. At present, the clinical picture is consistent with an acute C6 radicular process. The clinical examination findings and imaging would not support the two level procedures as requested. The lack of specific documentation of physical examination findings correlating with pathology at the requested surgical levels coupled with the imaging that is now nearly two years old would fail to establish a medical necessity for the requested two level cervical fusions.