MAXIMUS Federal Services

Case Number:	CM13-0048994		
Date Assigned:	12/27/2013	Date of Injury:	11/12/2010
Decision Date:	05/22/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pennsylvania. 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 claimant is a 40 year old female who was injured on November 12, 2010. The clinical records specific to the claimant's neck include a prior clinical report October 16, 2013 indicating interval pain of neck pain with prolonged activity. It states the claimant is utilizing medications, TENS unit, physical therapy and activity restrictions. The physical examination specific to the neck and upper extremities showed restricted range of motion at endpoints absent upper extremity reflexes symmetrically with full sensation to the right upper extremity and "decreased sensation" to the entire left upper extremity. Further clinical findings are not noted. Reviewed was a previous imaging from February 2011. MRI cervical spine demonstrating multi-level disc protrusions C3-4 through C6-7, previous electrodiagnostic studies April 2011 demonstrated a mild left C6 radiculopathy. Given failed conservative care surgical intervention in the form of a C5-6 anterior cervical discectomy and fusion was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 ANTERIOR DISCECTOMY AND FUSION: 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): 166,180-183.

Decision rationale: The CA ACOEM would not support the role of one level discectomy and fusion. CA MTUS states indications are, "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." The claimant continues to be with pain complaints. Physical examination findings showed diffuse sensory change but no specific change to the C5-6 level. Taking into account the claimant's imaging and electrodiagnostic testing that are both greater than two years old the acute need of surgical intervention given the claimant's non dermatomal findings on examination would not be indicated.