

Case Number:	CM13-0051310		
Date Assigned:	01/15/2014	Date of Injury:	06/08/2013
Decision Date:	04/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Spine 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 55 year old female with industrial injury 6/12/13. Exam note 9/5/13 demonstrates complaints of neck and upper extremity pain. There was hyperreflexia noted and a diagnosis of cervical spondylosis with myelopathy. Note from j10/4/13 demonstrates persistent neck, upper back and upper extremity pain. Positive Spurling's maneuver noted with hyperreflexia.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AN ANTERIOR CERVICAL DISCECTOMY AND FUSION (ACDF) AT C4-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Cervical Myelopathy Section.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines (ODG) criteria cited above have not been met in this case as there is no evidence of non-operative management failure in the records submitted. Therefore determination is for non-certification.