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| Case Number: | CM13-0053476 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/08/2012 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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:

The claimant is a 48 year old male injured on November 8, 2012 sustaining an injury to the neck specific to his cervical spine. A December 4, 2013 progress report [REDACTED] indicated a current diagnosis of neck pain with bilateral arm radicular pain secondary to degenerative changes C3-4 and C4-5. He described ongoing complaints of discomfort despite conservative measures. His physical examination did not document particular findings. He recommended operative intervention in the form of a C3-4 and C4-5 interbody anterior discectomy and interbody fusion. The previous records for review include an October 22, 2013 evaluation where the claimant was with a positive Spurling's test and subjective numbness to the bilateral arms in a non-dermatomal fashion. There was pain with extension of the neck. There was no documentation of reflexive change, true sensory deficit or motor deficit. Imaging included MRI of the cervical spine October 18, 2013 that is specific to the C3-4 and C4-5 level showed mild degenerative changes with disc protrusion right greater than left at the C3-4 level and the C4-5 level to be with right sided foraminal narrowing and moderate stenotic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior C3-4, C4-5 discectomy with interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Neck & Upper Back (Updated 5-14-13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180.

Decision rationale: Based on the CA ACOEM Guidelines and supported by the Official Disability Guidelines the two level procedures is not indicated. The claimant is with no documentation of physical examination findings of motor deficit or reflex changes that clinically correlate with the C3 through C5 levels to support the need for operative intervention. The October 22, 2013 evaluation of this claimant documented a positive Spurling's test and subjective numbness to the bilateral arms in a non-dermatomal fashion. On imaging the claimant is noted to be with stenotic findings at the two requested surgical levels. The lack of documentation of objective findings on examination would fail to necessitate the role of the current procedure.

One day hospital stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.