

Case Number:	CM13-0059980		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2008
Decision Date:	05/20/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 claimant is a 57-year-old male who sustained an injury to the cervical spine on June 10, 2008. The clinical records provided for review note that the claimant underwent a C5-6 anterior cervical discectomy and fusion in 2010. Recent records document continued complaints of neck pain. During an October 28, 2013, follow-up assessment, the claimant was diagnosed with continued cervical spine syndrome. The treating physician documented a previous nonunion herniated disc at the C4-5 level and recommended artificial disc replacement at C4-5, as well as a revision fusion and instrumentation for levels C5-6 through C6-7. The clinical records state that the surgical request was declined by the utilization review. This request is for instrumentation manufactured by [REDACTED] for use in the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **HARDWARE:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: According to the medical records provided for review, a proposed surgery was found to be medically unnecessary upon utilization review. Therefore, the need for instrumentation associated with the surgery would not be indicated. The request is not medically necessary and appropriate.