

Case Number:	CM13-0070091		
Date Assigned:	06/13/2014	Date of Injury:	09/11/2007
Decision Date:	07/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 49 year-old male injured on September 11, 2007. The most recent progress note indicates that there are ongoing complaints of neck and left upper extremity pain. The pain is described as 7/10. The physical examination demonstrated a decreased biceps and a decreased triceps deep tendon reflex. Previous examination noted a 5'6", 173 pound individual who was hypertensive (140/82) with a decrease in cervical spine range of motion. A foraminal stenosis at C6-C7 is also reported. Diagnostic imaging studies reported degenerative disc disease at C4-C5, C5-C6, C6-C7. A disc protrusion is noted at C6-C7. Some foraminal narrowing is identified. Previous treatment includes multiple conservative interventions. A request had been made for anterior cervical fusion and was not certified in the pre-authorization process on November 22, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6-7 ANTERIOR CERVICAL FUSION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), cervical spine chapter, updated May, 2014.

Decision rationale: The specific criteria for a cervical fusion, as outlined in the Official Disability Guidelines (ODG), requires presence of a osteomyelitis, metastatic bone disease, cervical nerve root compression, spondylotic myelopathy or radiculopathy. It is of note that the injury is 7 years old. Clearly each of these criterion are not met in this clinical situation. Furthermore, with the multiple level degenerative changes noted at the level proximal to the requested surgical intervention, it is clear that there is less than a positive outcome projected for this procedure. As such, there is insufficient clinical information presented to suggest that this surgery is medically necessary.