

Case Number:	CM13-0070200		
Date Assigned:	01/15/2014	Date of Injury:	12/24/2009
Decision Date:	05/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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:

This 45-year-old female sustained an injury to her neck on December 24, 2009. Following a course of conservative measures, a cervical discectomy at the C5-6 level was performed in March of 2010 after which the claimant had improved symptoms and ultimately returned to work. A recent clinical follow-up report of November 15, 2013 indicates ongoing complaints of pain in the neck with right arm weakness and left C7 symptoms. Reviewed on that date were plain film radiographs that showed an osseous union at the C5-6 vertebral body. There is also documentation of a CT scan from September 2013 that showed solid evidence of fusion at C5-6. Physical examination findings on that date showed a normal sensory and motor examination of the upper extremities with a normal gait pattern and no documented positive findings. The recommendation at present is for a C6-7 anterior cervical discectomy and fusion given the claimant's ongoing complaints. The record states that recent postoperative care has included physical therapy, medication management, epidural steroid injections and previous facet joint rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY AND ARTHRODESIS C6-C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK

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

Decision rationale: Based on California MTUS ACOEM Guidelines, the requested surgical procedure at the C6-7 level would not be indicated. Clinical records for review fail to demonstrate specific compressive pathology at the proposed surgical level of C6-7 on imaging in the form of CT and plain film radiographs. The absence of pathology at the proposed surgical level coupled with the employee's recent physical examination that fails to demonstrate a radicular process with a normal motor, sensory and reflexive examination, the medical necessity for the proposed surgery is not established.