

Case Number:	CM13-0070630		
Date Assigned:	01/08/2014	Date of Injury:	02/14/2013
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
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 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:

This is a 59-year-old gentleman who experienced an acute onset of neck and upper extremity pain while unloading a truck on 02/21/13. The report of a 09/06/13 MRI identified multilevel stenotic findings and disc space narrowing from the C3-4 through C6-7 levels. There were also multilevel disc osteophyte complexes but no indication of specific compressive pathology. The report of the follow up visit on 11/06/13 documented continued complaints of neck stiffness with left upper extremity weakness. There was diminished sensation to the bilateral hands, consistent with a C5 and C6 dermatomal distribution. Documentation indicates prior failed conservative care including medications, injection, physical therapy and activity restrictions. Surgical intervention was recommended in the form of a C3-7 anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY AND FUSION OF C3-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for ACDF C3-C7 is not recommended as medically necessary. While the clinical records indicate continued complaints of neck and upper extremity pain and sensory change, there is no current clinical correlation between the four requested levels of surgery and the claimant's imaging and physical exam findings. The lack of the correlation would fail to support the role of a four level fusion procedure in this individual.

PRE-OP MEDICAL CLEARANCE: 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.

INPATIENT LOS 2 DAYS: 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.