

Case Number:	CM13-0072215		
Date Assigned:	01/17/2014	Date of Injury:	03/12/2003
Decision Date:	05/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 55-year-old female was sustained an injury to her cervical spine on March 12, 2003. The recent clinical information for review includes a December 11, 2013 note documenting that the claimant presented with continued neck pain and radiating left upper extremity complaints. Physical examination at that time showed left isolated triceps weakness and cervical tenderness to palpation. The MRI of October 25, 2013 was reviewed showing no significant evidence of acute compression with mild multilevel bilateral facet arthrosis. There is documentation of a previous electrodiagnostic study performed December 4, 2012 that showed evidence of right cubital tunnel syndrome, but no acute radicular findings. The record documented that the claimant had failed conservative measures including therapy, injections, and medications. A C7-T1 anterior cervical discectomy and fusion is being recommended for further intervention given the claimant's ongoing complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 ACDF, BB/PLTG, 1 DAY INPATIENT LOS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Procedure, Fusion, Anterior Cervical

Decision rationale: Based on California MTUS ACOEM Guidelines and supported by Official Disability Guideline criteria, a C7-T1 anterior cervical discectomy and fusion with bone grafting and a one day inpatient length of stay would not be indicated. The records and imaging in this case fail to demonstrate specific compressive pathology at the C7-T1 level that would support a need for surgical intervention. Electrodiagnostic studies were also negative. Absent evidence of compressive pathology the requested surgery cannot be recommended. Thus, the need for inpatient length of stay would also not be supported.