

Case Number:	CM14-0007715		
Date Assigned:	04/07/2014	Date of Injury:	09/28/2012
Decision Date:	05/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 49-year-old female who was injured on September 28, 2012 sustaining an injury to the neck. The records include a CT myelogram to the cervical spine performed on November 26, 2013 that showed mild to moderate spinal stenosis at C6-7 and mild spinal stenosis at C5-6. The recent clinical follow-up of December 11, 2013 indicated continued complaints of pain about the neck. It states that the claimant had not been seen for six months. It states the claimant does not wish to utilize further conservative modalities that have included previous injections, physical therapy and activity restrictions. Physical examination findings were not performed. Recommendations for two level C5-6 and C6-7 anterior cervical discectomy and fusion with hardware were recommended. The previous evaluation of July 2013 showed 5/5 strength in the upper extremities equal and symmetrical, deep tendon reflexes and intact sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7 ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH PLATING:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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

Decision rationale: Based on California ACOEM Guidelines, surgical intervention to include a two level anterior cervical discectomy and fusion would not be indicated. This individual is with no documentation of neurologic findings on examination dating back to July of 2013. Lack of clinical correlation between compressive findings on examination and imaging would fail to necessitate the role of cervical fusion procedure at this time.

3 DAY INPATIENT HOSPITAL STAY: 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.