

Case Number:	CM14-0017281		
Date Assigned:	04/14/2014	Date of Injury:	11/03/2009
Decision Date:	05/12/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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, has a subspecialty in Spine Surgery, and is licensed to practice in New York. 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 patient is a 66-year-old male with the date of injury on November 3, 2009. The patient has severe neck and arm pain with numbness and weakness. Physical examination demonstrates tenderness to palpation of the cervical spine. There is weakness on the right side of the deltoid, biceps, triceps, wrist extensor wrist flexors and finger extensors and flexors. There is globally decreased sensation in the right lower extremity. There is a positive Spurling test on the right arm. Cervical MRI September 2013 shows C3 for moderate spinal canal stenosis and mild right foraminal narrowing. There is C4-5 broad-based disc osteophyte. There is moderate canal stenosis at C3-4. There is mild foraminal narrowing at C5-6. There is also a 3 mm broad-based disc osteophyte complex at C6-7. Treatment to date has included physical therapy, steroid injections medications and activity modification. At issue is whether a cervical discectomy and fusion at multiple levels is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 AND C6-C7 ANTERIOR CERVICAL DISCECTOMY AND FUSION REVISION WITH MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The established criteria for multiple level cervical anterior discectomy and fusion surgery are not met. Specifically, there is no clear correlation between nerve root compression on MRI imaging studies and specific documented radiculopathy on patient's physical examination. In addition, there were no documented physical findings of myelopathy. Also, the imaging study does not show any evidence of cervical instability. The patient does not have any red flags indicators for spinal fusion surgery, such as fracture, tumor, or progressive neurologic deficit. Therefore, the requested services are not medically necessary or appropriate at this time.

3 DAY 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.